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Illinois -- State board of health
Monthly Bulletin.



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MEDICAL LEGISLATION NUMBER.

BULLETIN

OF THE

ILLINOIS BOARD OF HEALTH

PUBLISHED BI-MONTHLY AT THE OFFICE OF THE SECRETARY, SPRINGFIELD,

MEMBERS OF THE BOARD.

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VOL. I.

MARCH 1, 1903.

No. 1.

NOTICE.

At the Fifteenth Annual Meeting of the Illinois State Board of Health, held in Springfield on January 28th, 1892, the Secretary (Dr. Frank W. Reilly) recommended that authority be granted for the publication—monthly—of such sections of his quarterly report to the Board as might be of public interest, and of other matters of special interest to physicians, medical students, medical colleges, health officers and others.

On motion of Dr. B. M. Griffith, seconded by Dr. Reuben Ludlam, the Secretary was authorized to carry out the suggestion made in his report.

With the approval of the members of the State Board of Health, the Secretary presents the initial number of the publication authorized.

The BULLETIN will be published hereafter, at least once every two months. The State Board of Health will be pleased to receive suggestions from physicians and health officers relating to the subject matter.

It is believed that the publication of the BULLETIN will add greatly to the usefulness and efficiency of the Board.

For obvious reasons the present number is devoted in the main to proposed legislation.

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PROPOSED LEGISLATION.

The following is a synopsis of bills of interest to the medical profession introduced into the Illinois Legislature during the 43d General Assembly, which convened January 7, 1903:

Senate No. 4.—January 13. Introduced by Mr. Burnett.

For an act to repeal an Act entitled An Act requiring reports of births and deaths; and the recording of same; regulating the interment or other disposal of dead bodies and prescribing a penalty for the non-compliance with the provisions thereof.

This bill reads as follows: Section 1. Be it enacted by the People of the State of Illinois represented in the General Assembly: That an Act entitled An Act requiring reports of births and deaths and the recording of same; regulating the interment or other disposal of dead bodies and prescribing a penalty for the non-compliance with the provisions thereof; approved May 11, 1901, and in force Jan. 1, 1902, be and the same is hereby repealed.

Referred to Committee on Judiciary.

Senate No. 9.—January 13. Introduced by Mr. Fowler.

For an Act, entitled an Act, to repeal an Act, requiring reports of births and deaths and the recording of same; regulating the interment or other disposal of dead bodies, and prescribing a penalty for non-compliance with the provisions thereof. Approved May 11, 1901, and in force January 1, 1902.

Reads the same as Senate Bill No. 4.

Referred to Committee on Judiciary.

Senate No. 18.—January 14. Introduced by Mr. Fowler.

For an Act to repeal An Act entitled An Act to create and establish boards of health in counties not under township organization and in townships in counties under township organization, outside of the corporate limits of incorporate cities and villages, to prescribe their duties and powers, and provide for enforcing the same.

The bill reads as follows: Section 1. Be it enacted by the People of the State of Illinois represented in the General Assembly: That an act entitled An Act to create and establish boards of health in counties not under township organization, and in townships in counties under township organization outside of the corporate limits of incorporated cities and villages, to prescribe their duties and powers and provide for enforcing the same, be, and the same is hereby repealed.

Referred to Committee on Judiciary.

Senate No. 30.—January 20. Introduced by Mr. Mueller.

For an Act to regulate the Civil Service of the State of Illinois.

Referred to Committee on Civil Service.

Senate No. 33.—January 20. Introduced by Mr. Parker.

For an Act to regulate the practice of professional nursing of the sick in the State of Illinois.

Referred to Committee on Judiciary.

Senate No. 37.—January 21. Introduced by Mr. Small.

For an Act to regulate the Civil Service of the State of Illinois.

Referred to Committee on Civil Service.

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Senate No. 64.—January 29. Introduced by Mr. Berry.

For an act to amend Section four (4) of an act entitled, "An Act in regard to Attorneys General and State's Attorneys." Approved March 26, 1874, and in force July 1, 1874.

Extract. Section 4. The duties of the Attorney General shall be * * * * *

Second—To institute and prosecute all suits in which the State of Illinois is interested or has any right or cause of action and all suits arising under any statute of this State or which may be necessary to be instituted or prosecuted for the enforcement of any penalty or fine arising under or by virtue of any law of this State which may be necessary to be brought for or on behalf of any department, board or commission organized under any law of this State or any officer of this State, either elected or appointed by virtue of any law of this State.

Referred to Committee on Judicial Department and Practice.

Senate No. 87.—February 3. Introduced by Mr. Watson.

For an Act to amend certain sections of "An Act requiring reports of births and deaths and the recording of the same; regulating the interment or other disposal of dead bodies," approved May 11, 1901.

Referred to Committee on Judiciary February 25th.

Senate No. 105.—February 5. Introduced by Mr. Stubblefield.

For an act providing for the examination, registration, and licensing of nurses of the sick in the State of Illinois, and the regulations of institutions which graduate or confer degrees or diplomas on nurses, and the graduates thereof, by the State Board of Health, and imposing a penalty for violations of its provisions.

Senate No. 104.—February 5. Introduced by Mr. Parker. (By request.)

For an act concerning patented and proprietary medicines.

Section 1. Be it enacted by the People of the State of Illinois represented in the General Assembly: It shall be unlawful for any person to sell or give any medicinal or curative preparation or compound, or any preparation or compound made, offered or advertised for the regulation or restoration of any physical organ or function, unless the bottle or package containing the same shall plainly disclose each and every the ingredients, and the proportion of the ingredients thereof, and it shall be unlawful for any person to sell or give any opium, chloroform or morphine, or any such preparation or compound containing any poisonous substance, within the meaning of the statutes of this State, or as may be from time to time defined by the Board of Health of this State, except upon the written prescription of a regular medical practitioner, duly authorized to practice medicine in this State. Provided, That nothing in this section contained shall in any manner affect or relate to any medicinal preparation or compound which may be the subject matter of any letters patent of the United States.

Referred to Committee on Judiciary.

Senate No. 138.—February 11. Introduced by Mr. McCabe.

For an Act providing for a geological survey of the State of Illinois, and making an appropriation therefor.

Referred to Committee on Mines and Mining.

Senate No. 147.—February 11. Introduced by Mr. Clark.

For an Act providing for the examination, registration and licensing of nurses of the sick in the State of Illinois, and the regulations of institutions which graduate or confer degrees or diplomas on nurses, and the graduates thereof, by the State Board of Health, and imposing a penalty for violations of its provisions.

Referred to Committee on Judiciary and passed the Senate February 25.

Senate No. 159.—February 17. Introduced by Mr. Hall.

For an act regulating and licensing barbers, barber shops, and regulating the practice and occupation of barbers.

Referred to Committee on License and Miscellany. Has passed the Senate.

Senate No. 214.—February 19. Introduced by Mr. Stubblefield. (By request.)

For an act to amend Section two (2) of an act to regulate the practice of medicine in the State of Illinois, and to repeal an act therein named, approved April 24, 1899; in force July 4th (?), 1899.

Section 1. Be it enacted by the People of the State of Illinois represented in the General Assembly: That Section two (2) of an act to regulate the practice of medicine in the State of Illinois, and to repeal an act therein named, approved April 24th, 1899; in force July 4th, 1899, be and the same is hereby amended, by adding at the end of the second section thereof, the words, "There shall be added to said board an additional member, to be appointed by the Governor within ninety (90) days from the passage of this act, who shall be an osteopath heretofore licensed in accordance with the provisions of this section, and who shall not in any way be connected with any osteopathic school. The term of such additional member of said board shall be governed by the provisions of the laws of the State of Illinois creating the said board, and his successors shall be appointed in accordance with the provisions of the law creating said board. Licenses to practice osteopathy shall be granted by said board to all applicants of good moral character who pass the regular examination of such board, in anatomy, histology, physiology, obstetrics, gynecology, pathology, urinalysis, toxicology, hygiene and dietetics, diagnosis, theory and practice of osteopathy, and present to said board a diploma from a regularly conducted college of osteopathy maintaining the standard of the associated colleges of osteopathy in its requirements for matriculation and graduation and requiring personal attendance for at least four terms of five months each. All reputable graduates of regular colleges of osteopathy who were practicing in this State prior to March 1st, 1903, and who shall be recommended to said board by the executive committee of the Illinois State Osteopathic Association, shall, upon application, without examination, be granted a license to practice osteopathy, provided, application for such license is made within ninety (90) days from the passage of this act; provided further, that a physician's certificate issued by a reputable school of osteopathy after an attendance of not less than two terms of five months each may be accepted by the board on the same terms as a diploma and the holder thereof be subject to the same regulation in all other respects as other applicants before the board; provided further, that the board may in its discretion dispense with an examination in the case: first, of an osteopath duly authorized to practice osteopathy in any other state or territory or the District of Columbia, who presents a certificate or license issued after an examination by the legally constituted board of

such state, territory or District of Columbia, accorded only to applicants of equal grade with those required in Illinois. Second, an osteopath who has been in actual practice for the period of five years, who is a graduate of a reputable school of osteopathy, who may desire to change his residence to Illinois, and who makes application on a form to be prescribed by the board, accompanied by a fee of twenty-five (\$25) dollars. Osteopaths when so licensed shall have the same rights and privileges, and be subject to the same statutes and regulations as other physicians, but shall not have the right to give or prescribe drugs or to perform surgical operations."

Section 2. All acts and parts of acts inconsistent with this act are hereby repealed.

House No. 1.—January 14. Introduced by Mr. Speaker.

For an Act to regulate the Civil Service of the State of Illinois.

Referred to Committee on Civil Service.

House No. 2.—January 14. Introduced by Mr. Austin.

Title the same as No. 1.

House No. 20.—January 14. Introduced by Mr. Rapp.

For an act repealing an act requiring reports of births and deaths, and the recording of same, regulating the interment or other disposal of dead bodies, and prescribing a penalty for non-compliance with the provisions thereof.

A duplicate of Senate Bill 4.

Referred to Committee on Judiciary.

House No. 39.—January 15. Introduced by Mr. Norden.

For an Act to regulate the practice of professional nursing of the sick in the State of Illinois.

A duplicate of Senate No. 33, Mr. Parker.

Referred to Committee on Judiciary.

House No. 51.—January 20. Introduced by Mr. Geshkewich.

To regulate the practice of medicine, surgery and midwifery, provide for registration of physicians, etc.

Section 1. Be it enacted by the Senate and the House of the State of Illinois in Legislature assembled, that: Any person desiring to enter upon the practice of medicine or midwifery in this State shall, and they are hereby required to have their name and place of residence recorded in the office of the recorder of the county in which they reside, in a book kept for that purpose, also a statement of the system of medical practice they propose to pursue; when and where they graduated; if graduated and if not, when and where they studied medicine and how long, where and how long they have practiced, if at all, and such other facts as will enable the people to judge of their fitness to practice medicine. In case a person does not administer drugs to the sick, but uses water, magnetism, massage, Swedish movements, osteopathic treatment, hypnotism, mental influence, Christian Science, or any other plan of treatment, that fact must be recorded before such person shall enter upon the practice of the art of healing, as a business or profession.

Section 2. Any person desiring to enter upon the practice of operative surgery in this State shall be required to present proof of having graduated in a college of medicine and surgery which is in good standing with the State Medical Society, of the school of medicine to which

he or she belongs, and shall have such proof recorded in the office of the recorder of the county.

Section 3. A certified copy of the registration record provided for in Sections 1 and 2 of this Act must be hung up or otherwise displayed in the office of the physician, surgeon, or midwife, before he or she can legally begin practice, and shall remain hung up or otherwise displayed, constantly while he or she shall continue to practice.

Section 4. Any person found guilty of any material false statement in registration shall be liable to a fine or not less than \$100 nor more than \$500, and shall thereafter be debarred from the right to practice medicine in this State.

Section 5. Any person entering upon the practice of medicine, surgery or of healing in any way without being registered as provided in this act shall not be legally entitled to receive any pay for his or her services.

Section 6. Nothing in this act shall be so construed as to prevent physicians who are not registered, from practicing in cases of emergency, or persons practicing in their own families, or physicians or surgeons called from another state in consultation with those of this State, nor to surgeons in the U. S. Army or Navy hospital service.

Section 7. All acts or parts of acts inconsistent with this act are hereby repealed.

Referred to Committee on License.

House No. 78.—January 21. Introduced by Mr. Wheeler.

For an act to provide for the creation and establishment of the Illinois State Colony for Epileptics, for its organization and management, and making appropriations therefor. (\$350,000.00.)

Referred to Committee on Appropriations.

House No. 84.—January 27. Introduced by Mr. Hardin.

For an act to provide for the location, erection, organization and management of a State Sanatorium for persons afflicted by tuberculosis, and making an appropriation (\$200,000.00) for the purchase of land, and the construction of the necessary buildings and the maintenance of the sanatorium.

Referred to Committee on Appropriations.

House No. 116.—January 29. Introduced by Mr. Chipfield.

For an act to establish a surgical institution for children, and making an appropriation therefor.

Extract. Section 1. Be it enacted by the People of the State of Illinois represented in the General Assembly: There is hereby established a surgical institute in and for the State of Illinois for the surgical treatment of children under the age of fourteen years, suffering from physical deformities or injuries of a nature which will likely yield to surgical skill and treatment, and which unless so treated will probably make such children, in whole or in part, in after life public charges.

Referred to Committee on Appropriations.

House No. 245.—February 11. Introduced by Mr. Nagel.

For an act providing for the regulation of the embalming and disposal of dead bodies, for a system of examination, registration and licensing of embalmers, and imposing penalties for the violation of any of its provisions.

Extract. Section 1. Be it enacted by the People of the State of Illinois represented in the General Assembly: No person shall embalm, prepare for transportation or burial, or otherwise dispose of any body dead of a contagious or infectious disease, or embalm any body, or hold himself out as practicing the art of embalming, without first applying for and obtaining from the State Board of Health a license authorizing him so to do.

Section 2. The State Board of Health shall hold examinations for embalmers at least twice yearly. Notices of such examinations shall be published at least twice in at least one journal devoted to the interests of embalming, two daily newspapers, and one medical journal published in the State of Illinois.

The examinations shall be conducted by a committee, appointed by the State Board of Health, consisting of three licensed embalmers and two physicians. Each applicant for a license shall be examined in the following subjects: Anatomy, sanitary science, the care, preservation, embalming, transportation and burial of dead bodies, and shall demonstrate his proficiency as an embalmer by operations on a cadaver.

Referred to Committee on Licenses.

House No. 261.—February 11. Introduced by Mr. Wheeler.

For an act providing for a geological survey of the State of Illinois, and making an appropriation therefor.

Section 1. Be it enacted by the People of the State of Illinois represented in the General Assembly: That the Governor, Secretary of State and Superintendent of Public Instruction are hereby constituted a Board of Trustees and authorized and required to appoint a geologist of practical skill for the purpose of making a geological survey of the entire territory of this state.

Referred to Committee on History, Geology and Science.

House No. 367.—February 20. Introduced by Mr. Speaker.

For an act repealing an act requiring reports of births and deaths, and the recording of same, regulating the interment or other disposal of dead bodies, and prescribing a penalty for non-compliance with the provisions thereof.

Referred to Committee on Judiciary.

House No. 311.—February 25. Introduced by Mr. Wilkerson.

For an act to amend section two (2) of an act to regulate the practice of medicine in the State of Illinois, and to repeal an act therein named, approved April 24th, 1899; in force July 4th, (?) 1899.

Subject matter the same as that of Senate Bill 214.

Referred to Committee on Judiciary.

PERSONNEL OF SENATE AND HOUSE COMMITTEES.

Senate.

Appropriations—Gardner, chairman; Koch, Andrus, Dunlap, Helm, McCabe, Putnam, Stubblefield, Fort, Pemberton, Small, Alden, Meehan, Farrelly, Coleman and Rees.

Civil Service—Riley, chairman; Burnett, Dixon, Gardner, Barr, Parker, Albertsen, Stringer, Watson and Rees.

Judicial Department and Practice—Juul, chairman; Berry, Burnett, Helm, Hamilton, Riley, Dixon, Stubblefield, McKenzie, Templeton, Stringer, Fowler, Dawson, Maher, and Jandus.

Judiciary—Humphrey, chairman; Berry, Bailey, Barr, Burnett, Dixon, Dunlap, Hamilton, Helm, Juul, McKenzie, Parker, Putnam, Riley, Lundberg, Stringer, Fowler, Dawson, Alden, Jandus and Maher.

House.

Appropriations—Curtis, chairman; Shanahan, Sherman, Uppendahl, Kerriek, Trautmann, Wheeler, Burgett, Swigart, Lindley, Tice, Drew, Owen, Taggart, Gillespie, S. E. Erickson, McGuire, G. T. Turner, Smejkal, Rodman, Gordon, D. B. Miller, Gallagher, Lawrence, Heffernan, Corigan, Desmond, McNulty, Stephenson, Petrie, Rice, Farris, Lurton, Wallace, and M. L. McKinley.

Judiciary—Shurtleff, chairman; Allen, Rinaker, Bundy, Chipfield, Trautmann, Schlagenhauf, Morris, Owen, McElvain, Wilkerson, Sunderland, Arnold, Murray, Jonas, Smejkal, Turner, G. T. Kopf, Magill, Castle, Kleeman, Darrow, Johnson, Bowles, McKinley, M. L. Brown, Gray, Burton, Burke, Hunt, Boulware, Cooke, Donoghue, Pattison and Geshkewich.

License—Gale, chairman; Kopf, Cherry, Burgett, Beitler, Breidt, Davies, Cavanaugh, Smejkal, Schnipper, Erickson, S. E.; Oldam, Stewart, Brown, Heffernan, Miller, J. O.; Tippet, Noonan, Arrand, Mitchell, and Landmesser.

State and Municipal Civil Service Reform—Owen, chairman; Gaunt, Patterson, Norden, Austin, Gallagher, Nohe, Lindly, Wheeler, Walker, Sunderland, McGuire, Curtis, Magill, Blish, Wallace, Parish, Rice, Burke, Farley, and Geshkewich.

NOTES AND COMMENTS.

Senate Bills Nos. 4 and 9 and House Bills Nos. 20 and 367 repeal in its entirety the law of 1901 requiring reports of births and deaths and the issuance of burial permits. This law was prepared by the Secretary of the State Board of Health and was passed at the instance of the Board and the Legislative Committee of the State Medical Society. It is claimed by Senators Burnett and Fowler, Speaker Miller and others who are in favor of the repeal of the law, that its enforcement works great hardship in sparsely settled districts in Illinois owing to the difficulty encountered in obtaining a physician's certificate of death and a burial permit. Speaker Miller's position is clearly outlined in the following from the "Record-Herald" of February 21st:

"I introduced the repealing act because my constituents demanded it," said Speaker Miller. "The feeling against this law is so high in my district that I had no other course to pursue. I have no wish to interfere with the health regulations of the State or of any city, but I want to relieve the people down my way of the hardship imposed by the burial permit feature of the present law. I shall consult Dr. Egau and probably an amendment can be formed which will reach the trouble without full repeal of the present law."

There seems to be no objection to the enforcement of the law except in the country, i. e., in townships in counties under township organization and precincts in counties not under township organization. The present law provides that permits shall be issued (outside of cities and villages) by the town clerks only in townships and by the county clerks and by the agents of the Boards of County Commissioners in the precincts referred to. The law is certainly very defective in this respect.

Senate Bill No. 87, Mr. Watson (Dr. J. H. Watson, Woodlawn, Jefferson County), was prepared by Dr. Watson and the Secretary of the State Board of Health, for the purpose of remedying the defects in the present law. It was believed that if this measure became a law there would be no difficulty in obtaining a burial permit.

Since Senate Bill 87 was introduced the attention of the State Board of Health has been called to the fact that in the country it is often impracticable, sometimes impossible, to find the physician last in attendance upon the deceased who is required to sign a certificate of death before burial permit can be issued. This causes a delay in the funeral and necessarily works a hardship on the relatives of the deceased. It is difficult to see how this defect can be overcome. A provision allowing any physician to sign the death certificate is of little value, for few physicians will sign a certificate in the case of a death occurring in the practice of another. It is stated also that many physicians demand an additional office or visit fee for furnishing the certificate of death. This of course creates antagonism to the law.

At the present writing it seems clear that it is impracticable to so amend the law that it will give satisfaction. Obviously therefore the obnoxious sections should be repealed.

Several days ago the Secretary of the State Board of Health suggested to the Chairman of the Legislative Committee of the State Medical Society, the advisability of substituting for the Watson Bill one providing for reports of births and deaths by physicians as in the Act of 1877, payment to be made for both reports. The members of the General Assembly who desire the repeal of the Act of 1901 are unanimously in favor of such a law. The Secretary has been advised by the Chairman of the Legislative Committee that this would be the best policy under the circumstances existing.

There is no doubt that if the physicians of the State will co-operate with the State Board of Health—and a large number will do so—mortality statistics can be obtained by the Board as readily as at present.

The sanitary necessities of the State require that the State Board of Health know, and know at once, just how many deaths occur in the State and by what diseases they are caused. Reports of deaths therefore should be made to the Board and not to the County Clerk. The Secretary of the Board, who, by law, is the Superintendent of the Registration of Vital Statistics, can be required to promptly forward all certificates to the county clerk, for final record.

The bills in the Senate and House providing for the repeal of the

present law have served a good purpose. They have called the attention of the people to the fact, which was set forth in the recent biennial report of the State Board of Health to the Governor, that Illinois has now for the first time in its history an effective registration of the causes of deaths. The system, however, is not yet perfect. To quote from recent editorial remarks in the Chicago Tribune: "Illinois' vital statistics have not yet reached the place which can be regarded as a pedestal." Perfection is sought, however, and the idea is far from Utopian.

"The registration of causes of death," to quote from a leading authority on vital statistics, "has given an immense impetus to sanitary work, and it is scarcely too much to say that modern sanitary science owes its existence to the registration of deaths and their causes, and the localization of unsanitary conditions thereby insured." By its means, conjoined with the census returns, and the birth rate, we are able to submit to numerical analysis the facts relating to the laws of vitality, the influence of age and sex, of civilization, occupation, locality, season, and many other agencies; and our knowledge of all the facts bearing on health and disease has attained a precision never before known.

In 1899 the State Board of Health secured the enactment of a law creating boards of health in townships and in precincts in counties not under township organization, and giving these boards the powers which are conferred on city councils and village boards of trustees, in health matters. Up to that time defects had existed in the township Act which frequently nullified its force, and there were no health authorities in counties not under township organization, outside of the jurisdiction of incorporated cities and villages. Senate Bill No. 18, if enacted, will restore the old condition of affairs in the townships aforesaid and will deprive the county of any powers as a health organization. The Secretary of the State Board of Health has just learned that Senator Fowler does not desire a repeal of the entire act, but only of certain sections which he deems objectionable.

Senator Clark's bill for the examination, registration and licensing of nurses (Senate No. 147), passed the Senate on February 25. This measure is endorsed by the Illinois State Association of Graduated Nurses. It provides that examinations shall be conducted and licenses issued by a committee appointed by the State Board of Health, one member of which—a graduate nurse—shall act as Assistant Secretary for the purpose of the enforcement of this Act.

Senate Bill No. 214 in its application to the membership of the State Board of Health provides for class legislation, which the courts would probably deem unconstitutional. Much more might be said, but this is sufficient.

"'Tis not so deep as a well, nor so wide as a church-door; but 'tis enough, 'twill serve."

Section 1, Chapter 126a, Revised Statutes, requires that the Governor shall appoint seven persons who shall constitute the Board of Health.

House Bill No. 1 and Senate No. 37 are practically identical. The same might be said of Senate No. 30 and House No. 2. House Bill No. 1 was formulated by the Commission appointed by Governor Yates.

Speaking of civil service—medical civil service—particularly in the State institutions, attention should be called to the fact that under the present administration no changes have been made by the Governor among the medical superintendents of the State institutions. Of the superintendents who were in service during the previous administration, all but two now hold their positions. These two are Dr. F. C. Winslow, late of Jacksonville, deceased, and Dr. A. L. Athon, late of Lincoln, resigned on account of illness. To fill the vacancy in the Central Hospital for the Insane at Jacksonville, one of the most important of State Institutions, the Governor appointed Dr. H. B. Carriel, who was first assistant under Dr. Winslow.

The Parker-Norden Bills, Senate 33 and House 39, were prepared from a memoranda submitted by the Illinois State Association of Graduate Nurses. Several defects existed in these bills. As soon as these were pointed out to the members of the Association, steps were taken by the Executive Committee to prepare a new bill, which was later introduced by Senator Clark.

The County Clerk's records must of necessity be enlarged if House Bill No. 51 becomes a law.

No action has yet been taken in the Committee on Appropriations on House Bills Nos. 78 and 84. One of these, at least, should become a law. Both have been strongly recommended by the Governor in his message, and are certainly deserving of the support of the medical profession.

In Illinois there are more than 8,500 deaths from consumption each year, more than the deaths from all other communicable diseases combined. The State should follow the lead of New York and Massachusetts in establishing a great State institution for the treatment of consumption.—Record-Herald, Chicago.

House Bill No. 116 is an echo of the visit of Dr. Adolf Lorenz. It is a good measure.

House Bill No. 245 has been endorsed by the Illinois State Under-

takers' Association, the licensed embalmers of the State, over nine hundred in number, and many physicians.

Bills amending the present medical practice laws—in some instances providing for entire new laws—have been introduced into the legislatures of Arkansas, Arizona, California, Michigan, Missouri, Montana, Nebraska, Pennsylvania, South Dakota, Utah, Virginia, West Virginia and Wyoming. The Arkansas bill has already passed the Senate and House and has become a law. It provides for three State Medical Examining Boards, representing the regular, homeopathic and eclectic schools. All persons not now registered will be required to pass an examination if they wish to practice in the State. Up to the present time it was only necessary to register a diploma with the County Clerk in order to become a legal practitioner in Arkansas.

It is stated by the Chairman of the Legislative Committee of the State Medical Society, Dr. Carl E. Black, that the proposed bill for an Act to create a State Board of Medical Examiners and regulate the practice of medicine in the State of Illinois will be introduced in the Senate or House during the coming week. Several changes have been made in this bill since it was presented to the Society at the Quincy meeting. A digest will in all probability be published in the current issue of the Journal of the Society. Dr. Black has devoted much time and attention to the preparation of a proper bill.

There are many defects in the present Medical Act, all of which handicap the State Board of Health in its efforts to enforce the law. These should be remedied, yet the members of the Board are loath to have a substitute bill introduced, knowing that by so doing the success of the proposed Medical Examiners' Bill will be jeopardized. If this bill becomes a law, all will be well; if not, then the enforcement of an inadequate law will devolve upon the Board for two years more.

Consumption was long considered incurable. It is now believed that a large proportion, perhaps 80 per cent., may be cured in suitable institutions, providing the disease is attacked in its incipency. Dr. Stubbett shows that in the Loomis Sanitarium 30 per cent. of his cases, in different stages of the disease, have been cured. Is any other argument necessary? Massachusetts was the first state in the Union to provide for her consumptive poor. New York has made a liberal appropriation for a state sanitarium and has already selected a site. The Illinois Legislature will be asked during the present session to undertake a similar work. Physicians should exercise all the influence within their power to further this movement.—Medical Standard, Chicago.

In a few counties of the State, physicians have not been paid for reporting births. In these the County Treasurers hold that no specific appropriation has been made for the payment. There will be difficulty

on this score if the following section which forms a part of the Watson Bill and its proposed substitute, becomes a law:

Section 10a. The fees provided for in Sections 2 and 9 of this act are hereby made and declared to be a county charge upon the county in which said fees may accrue, and the county clerk of the respective counties shall, upon the request of any person entitled to said fees in his county, issue to such person his warrant upon the county treasurer of said county for the amount of fees due such person under this act, and the county treasurer of said county shall pay the same upon presentation, out of any moneys belonging to the county not otherwise appropriated. It shall be the duty of the board of supervisors in counties under township organization, and the board of county commissioners in counties not under township organization, to appropriate such sums as may be necessary for said purpose.

REPORT OF THE BOARD.

In conformity with the provisions in Section 12 of the State Board of Health Act, the Board, through its Secretary, made a biennial report in writing to the Governor late in December, 1902. An epitome of this report as published in the Illinois State Register on December 31st, is herewith submitted:

BIENNIAL REPORT OF STATE BOARD OF HEALTH WILL BE GIVEN TO GOVERNOR YATES TODAY—FAVOR STATE MEDICAL BOARD.

Secretary J. A. Egan, of the State Board of Health, will deliver the biennial report of the Board to Governor Yates today.

The report reviews the proceedings of the Board during 1901 and 1902; particularly in connection with the measures taken to prevent the introduction and spread of infectious and contagious diseases in the State, the legislation in the interest of the public health obtained during the session of 1901, the abolishment of the "diploma mills" and the regulation of lodging houses in the city of Chicago, the sanitary investigations of the Illinois river and its tributaries, in connection with the drainage of Chicago, and the publication of reports on these subjects, the examination and licensing of physicians and the enforcement of rules whereby a strict compliance with the medical laws of the State has been required of all persons practicing, who are not exempted from its provisions, the examination and licensing of embalmers and the means taken to prevent the transportation of dead bodies unless properly prepared for shipment, and the frequent attempts made to obtain from the Appellate and Supreme Courts a construction of the various sections of the medical law in accordance with the seeming intent of the law.

VITAL STATISTICS.

Considerable space is devoted to the subject of vital statistics. Under the law of 1901 all births and deaths occurring in the State must

be registered with the county clerks, who are required to make reports quarterly to the State Board of Health. This system has been found to work unsatisfactorily. Different county clerks have advised the Board that it is impracticable to render reports in the manner required, owing to the difficulty in properly tabulating the several hundred causes of death as reported by the physicians of the State, many of whom used different terms in describing the same diseases. Realizing the force of this and that reports made by over one hundred different officials would lack uniformity, which is so essential in order that the statistics be of practical value, the Board requested all county clerks to forward the original certificates, instead of the reports required by law. These certificates are now being tabulated in the office of the Board under the immediate direction of the Secretary in accordance with the Bertillon classification of deaths, which is used by all registration states. Under the system inaugurated by the State Board of Health, the State of Illinois has for the first time in its history an efficient registration of the causes of death and the statistics presented to the Board are comparable with those of other states and the census office.

Attention is called to several defects in the State Board of Health Act of 1877 which tend to handicap the Board in its efforts to safeguard the public health. Suitable legislation is recommended.

MEDICAL EXAMINERS.

The Board also repeats the recommendation made in its report of 1900 to Governor Tanner that legislation be enacted creating a State Board of Medical Examiners, which would leave the State Board of Health free to perform sanitary work alone. It is stated that in forty states and territories the duty of regulating medical colleges, examining and licensing physicians and preventing violations of the law, devolves upon a separate board of medical examiners. In the opinion of the Board this should be the case in Illinois. The work of the State Board of Health during the past four years especially has greatly increased, and is now of such magnitude that it is impracticable for the Board to properly perform the duties imposed upon it by the two acts under which it is organized.

APPROPRIATIONS ASKED.

Attention is called to the inadequacy of the appropriation made by the Legislature to the Board for the purpose of making sanitary investigations and for investigating the causes and preventing the spread of dangerously communicable diseases. It is impracticable under the conditions existing for the Board to comply with the demands made almost daily by local authorities to personally investigate outbreaks of diseases and general unsanitary conditions, and to advise authorities as to the means necessary. It is shown that for the general expense of the State Board of Health the expense per capita is 2.13 mills, against 4.54 mills in New York and 8.19 mills in Massachusetts.

Much stress is laid upon the value, not only to the city of Chicago, but to the entire State, of the sanitary investigations made by the Board of the Illinois river during the past three years in connection with the question of the disposal of the sewage of Chicago. In the opinion of the Board much has been accomplished in the City of Chicago during the past two years in the enforcement of the lodging house act, and the work proves to be far-reaching and beneficial in the future, greatly lessening the spread of contagion and the possibility of an epidemic.

TREATMENT OF CONSUMPTION.

By joint resolution the Senate and House of Representatives of the Forty-first General Assembly directed the State Board of Health to investigate the advisability of establishing a state sanitarium for consumptives and to report thereon to the Governor before Jan. 1, 1901.

A synopsis of the report made by the State Board of Health was presented to the Forty-second General Assembly by Governor Tanner in his biennial message.

By this report it is shown that tuberculosis (consumption), an infectious disease, is the cause of one-seventh of all deaths, and that its widespread prevalence, especially among the poor, who are unable to procure proper treatment, has been and continues to be a decided menace to the public health.

That it is estimated that over 8,500 persons die annually in Illinois from tuberculosis.

That tuberculosis is a preventable disease, that while there is no infectious disease that causes so much disaster in the human family, there is none which is more easily prevented.

That tuberculosis is a curable disease, especially in its earlier stages.

GIVEN IMPROPER CARE.

That patients suffering from tuberculosis, especially those of the poorer classes, can not be properly cared for at their homes; that general hospitals are ill adapted for the treatment of consumptives, and that since tuberculosis has been recognized as a communicable disease, the doors of nearly all hospitable, public and private, have been closed to consumptives.

That an improperly cared for consumptive daily jeopardizes the health of the community in which he lives.

That the State, for both humanitarian and economical reasons, should care for the consumptive and should prevent him from endangering the lives of those about him.

That the successful treatment of tuberculosis requires the segregation, in properly constructed hospitals, of those patients who cannot receive the needful care at home; that the value of a sanitarium treatment as a center of education, a means of prevention and as a method of cure has been successfully demonstrated at home and abroad; and

That the importance of a special climate, altitude and atmosphere in the treatment of consumptives has been exaggerated; that the treatment and cure of pulmonary tuberculosis is as feasible in the State of Illinois as in any state of the union, and that cures effected in the ordinary home climate, in which the patient must remain, are more lasting and more assured than cures obtained in other climates apparently more favorable.

STATE HOSPITAL ASKED.

In an additional report made to Governor Yates, the Board emphasizes the necessity for the immediate construction of a State hospital for consumptives, not only as a means of cure of such patients as are sent to it during the earlier stages of the disease, but also to prevent the spread of the disease in the State. It is estimated that of the 5,000,000 of inhabitants of the State of Illinois, over 700,000 are doomed to die of some form of consumption, unless adequate means are taken to stop the ravages of this disease, which destroys more lives than any other malady and kills in the prime of life. It is shown that the state of

New York and Massachusetts care for their consumptives and that in several other states efforts are being made to secure proper hospitals for the treatment of this disease.

The question of climate and altitude is discussed at length, and it is demonstrated that the climate of Illinois is as suitable for the treatment of consumptives as that of other states and countries in which sanatoria are conducted successfully, and that the altitude of many of these sanatoria is no greater than that which can be found in several localities in Illinois, where there can also be obtained the pure air and sunshine, which are the important factors in the cure of consumption. In conclusion the Board invites attention to the fact that ordinarily it is impracticable for a county or city to erect and maintain a suitable hospital for the care of consumptives, hence the duty must devolve upon the State, which now has it in its power through legislative action to save the lives of thousands of its citizens, who, unless proper action be taken, will die at the period of their greatest usefulness to the State.

CHICAGO AND TUBERCULOSIS.

The ways of Providence are said to be past finding out. What shall be said, then, of the ways of men? Here we have in Chicago a disease called tuberculosis. No other disease, except, perhaps, pneumonia, which is often complicated with tuberculosis, claims so many victims. Yet, as was shown in yesterday's Tribune, a tubercular patient has the utmost difficulty in securing hospital accommodations in this city. Six hospitals, at most, are willing to receive him, but even they receive him usually with reluctance. Is this a comprehensive and far sighted way of handling a disease which demands especially serious attention?

The State conference of charities said that Illinois ought to have a State Sanatorium. No doubt the conference was right. In Germany, under compulsory insurance laws, millions of marks have been spent in the establishment of sanatoria under state supervision. Illinois, without compulsory insurance laws, will have to establish sanatoria at its own expense. Tuberculosis is injuring society in its most vital part. It is taking men and women in their prime. Thirty-five per cent of the people who die of tuberculosis are from 15 to 34 years old. Twenty per cent. are from 35 to 54. We cannot afford to have our fellow citizens dying off at an age when they are most useful to us. Further than that, leaving out dear fellow citizens altogether out of consideration, we cannot afford to allow ourselves to be exposed to daily danger from a disease which is as insinuating as it is relentless. Chicago must have hospital accommodations for consumptives. Illinois must have sanatorial accommodations for them. Tuberculosis must be fought, checked and finally eradicated. Here is the great medical and sanitary duty of the near future.—Tribune, Chicago.

Unquestionably under the cover of pneumonia, bronchitis (particularly chronic bronchitis), influenza, pleurisy, inanition, anaemia, asthma, lung disease, marasmus, debility, etc., tubercular disease is occasionally, if not frequently, hidden.

During the period under consideration (1884-1901) there died in New Hampshire, from all causes, between the ages of twenty and thirty, 8,646 persons, of whom 3,521 succumbed to tuberculosis; or, in other words, 40.72 per cent., or one to $2\frac{1}{2}$ decedents, were caused by tuberculosis.

Between thirty and forty years of age there were from all causes 7,916 deaths, and from tuberculosis in the same age period 2,484, a percentage of 31.38, or one to every three and a fraction deaths.

Between forty and fifty there was a total of 7,915 deaths from all causes, 1,538 of which were credited to tuberculosis, equal to 19.43 per cent., or one in every five deaths.—Report Secretary New Hampshire State Board of Health, 1902.

EPILEPTIC COLONIES.

From the physician's standpoint among the most important bills now pending in the Illinois State Legislature are two worthy of especial attention, the one creating an Epileptic Colony and the other establishing a State Sanatorium for the care and treatment of persons afflicted with tuberculosis. To those who have watched the evolution of the State Epileptic Colony idea from its inception by the State Board of Charities some five years ago, its establishment and support upon a firm financial basis will be a matter of no small gratification, especially so to Dr. J. B. Maxwell and Miss Julia Lathrop, formerly a member of the State Board of Charities. The necessity of such a Colony needs no argument to those who have had much to do with the dependent and degenerate poor. Under our present system the parents of the epileptic child, if poor, must choose between either the poor house or the insane asylum as a refuge for the unfortunate child. Keep it at home they cannot, for such children are liable not only to injure themselves, but also, in their irresponsible moments, others, especially the younger children in the family. The insane asylum usually and rightly refuses to receive epileptic children, for such children are most of the time no more insane than the keepers of the asylum. Furthermore, the surroundings of the insane asylum are the worst imaginable for such children, who almost invariably go from bad to worse when confined in these institutions. The same may be said of the poor house, where the slightly better chances of recovery are more than overbalanced by the neglect and moral degradation of the place. Whether at home or at an asylum the epileptic child found itself an object of aversion and consequent isolation until the good idea was conceived of a home or colony in which all of the inhabitants, except those necessary to care for the interests of the State, should be epileptics. The experiment was first tried at Bielefeld, and proved a wonderful success, for it restored to the epileptic all of the things which its peculiar affliction takes away in other communities. In Bielefeld, at Souyea, New York, and wherever there is a successful epileptic colony, its inmates have their churches, their schools, their workshops and trades at which they work with the same satisfaction and with almost as profitable results as if they were perfectly well, for remember, that during most of its existence the epileptic has a keen brain and efficient hands. Best of all a larger percentage of cures are reported in these colonies than from any other method of treatment yet devised, and those who are not cured lead happy and contented lives. Of course, there is no marriage of epileptics in these colonies, the sexes being kept separated, and from this consideration, if for no other, the State could well afford to vote the \$350,000 called for in this bill, as we sincerely hope and believe that it will. Mr. Hardin's bill to establish The Illinois State Sanatorium for tubercular patients calls for an initial expenditure of \$200,000, and has one excellent feature that we do not remember of having met with in any similar bill, viz.: the payment of a reasonable salary to two competent consulting physicians to be appointed by the Board of Trustees. Further discussion of this bill will

be given in a future number of The Chicago Clinic and Pure Water Journal.—M. P. H., in Chicago Clinic and Pure Water Journal, February, 1903.

LEGISLATION IN ILLINOIS.

The annual message of Governor Yates to the Legislature, which is now in session, contained some valuable recommendations which it is hoped will receive favorable consideration by our law-making body. Aside from pointing out the importance of increasing the efficiency of our charitable institutions, enlarging them where necessary, as at the Bartonville Asylum for the Insane, he calls attention to the need of some adequate provision for epileptics. An important recommendation is that the State should establish and maintain an institution for the care of consumptives. It is estimated that 8,500 persons die annually in Illinois from this disease. It lies within the power of the State to largely prevent the occurrence of tuberculosis; while by early treatment many who suffer from it might be saved to lives of usefulness.

Another excellent recommendation is that a State Board of Medical Examiners be created, the present Board of Health being thereby permitted to concentrate its entire attention upon the execution of the State sanitary and quarantine laws and regulations, so essential to the public health. Such a division of work would undoubtedly increase the efficiency of both classes of work, in their nature essentially different, yet both requiring the utmost industry and vigilance. Our present Board of Health is winning commendation for the excellence of its administration, but it is probable that its efficiency would be greatly increased if its duties were less diverse. The recommendations of the Governor show a warm interest in the welfare of the State institutions and should command the approval and support of the medical profession.—Medical Standard, Chicago, February, 1903.

For the general expense of the State Board of Health of Illinois there is appropriated the sum of \$10,300, annually. The Department of Health of the State of New York is allowed for the same purpose the sum of \$33,000 annually and the State Board of Health of Massachusetts \$23,000 annually. The Massachusetts' Board is also allowed the sum of \$34,000 annually "for the protection of the purity of inland waters." The Illinois Board has also a contingent or epidemic fund of \$10,000 to be used only with the consent of the Governor.

The Health Department of the City of Chicago received in 1902 an appropriation of \$246,000. The Department has the service of a Commissioner, an Assistant Commissioner, a Chief Medical Inspector, medical heads of divisions and bureaus and a large number of medical officers, all of which are salaried. There is but one salaried official on the State Board of Health, viz., the Secretary.

The regular quarterly examinations of the State Board of Health will be held in Chicago in the Great Northern Hotel commencing on April 15th and July 14th, 1903. Special examinations for the accommodation of the spring graduating classes will be held in the City Hall, East St. Louis, commencing on May 11th, and in the 7th Regiment Ar-

mory, Chicago, commencing on June 2d. The State Board of Health will meet in Chicago on April 14th and July 14th.

The eighteenth examination of the State Board of Health for embalmers will take place in Peoria on Friday, June 12, 1903. The written examination will be held in the Hotel Fey from 9:30 a. m. to 1:00 p. m. Twenty-five questions will be asked. Applicants should be present at 9:00 a. m. The practical examination (operations on the cadaver) will begin at 2:00 p. m. Examining Committee—Dr. Ludvig Hektoen and Messrs. Frank Ketcham and W. V. McKinstry.

The attention of Funeral Directors, Embalmers and Undertakers of Illinois is invited to the fact that it is optional with them whether they take the examination of the Board. Those who fail to apply for, or who do not receive the Certificate of the Board, will in no manner be prohibited from conducting their business. The State Board of Health, however, in the interest of the health and life of the citizens of the State, will not permit the transportation of bodies dead from diphtheria (membranous croup), scarlet fever (scarlatina, scarlet rash), glanders, anthrax or leprosy, or any other disease that is dangerously communicable unless such bodies have been prepared for shipment by an embalmer who has proven his qualifications to the Board and has duly received a license from the Board.

The 1903 Report of the State Board of Health on Medical Education and the Official Register is now in press, and it is expected that it will be published within six weeks. This report embraces the following subjects:

- Medical Practice in Illinois.
- Medico-Legal Decisions.
- Medical Colleges in Illinois and Faculties.
- Medical Societies in Illinois and Officers.
- Pension Examining Boards in Illinois.
- Requirements for Practice in the United States.
- Medical Colleges in the United States.
- Official Register of Physicians by Counties.

The report will consist of over five hundred pages and will contain much information of great value to physicians. Many improvements have been made in the Official Register. All physicians practicing in Illinois will be reported by counties, while the index will contain a complete alphabetical list of all living licentiates. The number system of identification of the college of each physician has been done away with in this Register. An abbreviation of the name of the college or licensing body (so abbreviated that in nearly all cases it can be readily understood) will follow the name of the physician. The date of graduation and of the State certificate will also be given. The Register, while dated March 1st, will be corrected up to the time of issuance.

The State Board of Health asks that all physicians who note change of addresses or deaths of Illinois physicians during the month of March, advise the Secretary of the Board of the same as soon as possible.

The fourth and final Report of the State Board of Health on the Sanitary Investigations of the Illinois River and its Tributaries, with special reference to the effect of the sewage of Chicago on the Des-plaines, Illinois and Mississippi rivers, was sent to press last week, and will be published within a few weeks. The investigations detailed in this report were confined to the Illinois at its mouth, the Mississippi above the point of entrance of the Illinois, and the Missouri at its mouth, a few miles above the intake of the St. Louis water works. Those who have made a study of the subject of the self-purification of running waters will note with interest the following extracts from the report of the bacteriologist, Dr. F. Robert Zeit, Chicago: "A comparative examination of pathogenic bacteria found in the waters of the Illinois river at its mouth (Grafton, Illinois,) the Mississippi river just above the point of entrance of the Illinois, and the Missouri river, a short distance above its junction the Mississippi, reveals the significant fact that the Mississippi and Missouri rivers contain more pathogenic and sewage bacteria than the Illinois river." The data in this report with that in those published by the State Board of Health in 1889, 1899 and 1901, will be of inestimable value to the State of Illinois in the suit brought against the State by the State of Missouri for alleged pollution of the Mississippi river, which is now pending in the Supreme Court of the United States.

The Secretary of the State Board of Health hopes to publish within a few months the reports of the proceedings of the Board, which are considerably overdue. The delay has been caused by the great amount of work entailed on the Secretary during the past four years, particularly in connection with the examination and licensing of physicians and others, and sanitary investigations and the measures taken to prevent the introduction and spread of contagious diseases, smallpox in particular. The duty of compiling the reports of the Board devolves entirely upon the Secretary, who has no medical assistant. The reports issued by the Board during previous years have been compiled in but a very few instances by the Secretary personally.

On many occasions during the periods of the greatest usefulness of the State Board of Health, the reports of its proceedings were two, three or more years late in publication. For example, the 9th Report of 1886 was published in 1889, the 10th of 1887 in 1890, the 11th of 1888 in 1892, the 12th of 1889, the 13th of 1890, and the 14th of 1891 in 1893, and the 15th of 1892 in 1894. The 12th, 13th, 14th and 15th were compiled by Dr. Frank W. Reilly, who was Secretary of the Board from July, 1891, to July, 1893, and Assistant Secretary during several previous years.

For several years the State Board of Health had an Assistant Secretary, and at all times up to 1897, except during the incumbency of Dr. Reilly, the Secretary of the Board was assisted in his work, particularly in connection with the reports of the Board, by either the Assistant Secretary or by some other physician. Unless a law be enacted during the present session of the Legislature creating a State Board of Medical Examiners, relieving the present Board of the duties imposed upon it, it is imperative that the office of Assistant Secretary be again created.

SMALL-POX.

Small-pox has been reported to the Board from the following places during the month of February, 1903:

Alexander county, East Cape Girardeau and Thebes; Bond county, Smithboro; Bureau county, Spring Valley and vicinity Hall township and Seatonville; Carroll county, Mt. Carroll; Champaign county, Tolono; Christian county, Mosquito township; Cook county, Chicago, Chicago Heights and Evanston; Cumberland county, Greenup, Jewett; DuPage county, Naperville; Edgar county, Christman; Ford county, Paxton; Fulton county, Cuba; Gallatin county, New Haven; Hamilton county, Macedonia; Hardin county, Cave-in-Rock; Jersey county, Grafton; Johnson county, Parker; Knox county, Maquon; LaSalle county, Peru; Lawrence county, Petty township, Bond township and Lawrence township; Madison county, Granite City, Venice and Madison; Mason county, Forest City; Peoria county, Mapleton and Reid City; Piatt county, Hammond; Pike county, Pearl; Pope county, Golconda and vicinity; Pulaski county, Friendship; Sangamon county, Springfield; St. Clair county, New Athens; Vermilion county, Catlin, Georgetown, Rossville and Danville; Washington county, Tilden; Whiteside county, Fulton; Will county, Joliet; Winnebago county, Rockford—a total of 180 cases. While small-pox prevails to an alarming extent in adjoining states, it is gratifying to note that there are comparatively few cases in the State of Illinois. This is especially gratifying when it is known that at one time in 1902 over 3,000 cases had been reported to the Board. Every possible effort has been made by the State Board of Health to prevent the spread of the disease. Over 100,000 circulars on the prevention of small-pox have been sent to every county in the State, particularly in the infected districts, and the necessity of vaccination has been enjoined upon all health officers and the people in general. Whenever a request has been made a member or inspector of the State Board of Health has visited infected localities. In localities in which vaccination has been largely practiced, there is almost an entire freedom from the disease of small -pox. In the month of February, 1902, there were 129 cases of small-pox in the city of Springfield. But one case was reported in this city in February, 1903, and in that the disease was brought from another city.

During January and February, 1903, medical inspectors of the State Board of Health have been sent to the following places to make investigations of unsanitary conditions or outbreaks of disease:

Bond county, Smithboro; Brown county, Mt. Sterling; Bureau county, Spring Valley and vicinity; Carroll county, Mt. Carroll; Christian county, Auburn and Mosquito township; Champaign county, Tolo; Cook county, Chicago Heights; Crawford county, Flat Rock and New Hebron; Cumberland county, Greenup and Jewett; Ford county, Paxton; Fulton county, Cuba; Gallatin county, New Haven and vicinity; Hardin county, Cave-in-Rock; Iroquois county, Ashkum; Jasper county, Willow Hill; Knox county, Maquon and Knoxville; La Salle county, Peru and La Salle; Lake county, Lake Forest; Madison county, Venice, Granite City, Madison and New Douglas; Macon county, Blue Mound, Niantic, Boody and Decatur; Peoria county, Peoria, Reid City and Mapleton; Piatt county, Hammond; Rock Island county, Rock Island; Shelby county, Oconee; Vermilion county, Rossville and Danville; Whiteside county, Rock Falls.

"When in doubt, quarantine."

"Time is a valuable factor in the diagnosis of small-pox," says Hyde. But while waiting quarantine or at least isolate.

The State Board of Health will endeavor to send a member or a medical inspector, whenever requested, to assist physicians in the diagnosis of small-pox. Applications should be made to the Secretary Long distance telephone in office and residence.

Chicken pox is a disease of childhood. It is rarely seen in adults.—Osler, Anders, Smith, Holt, Flint, Keating, Hare, Loomis, Tyson, Hyde Welch, Rotch and a host of other eminent authorities.

"The observation of the Marine Hospital Bureau has been that in the majority of mistaken diagnoses with regard to small-pox the disease has been called chicken-pox. This is more strictly a disease of children, affecting especially those under six years of age. Chicken-pox is a contagious disease, and many local health authorities require its isolation. Particularly when small-pox is prevalent, any case of supposed chicken-pox should be isolated and guarded as if it were small-pox, at least until the diagnosis is proved beyond doubt."—Precis upon the Diagnosis and Prevention of Small-pox, U. S. Marine Hospital Service, 1899.

"I am aware of no disease called Cuban itch which could be mistaken for small-pox. There are several erythematous eruptions in Cuba called Cuban itch, but they are prickly heat or ringworm."—Surgeon General U. S. Marine Hospital Service to Illinois State Board of Health, December 7, 1899.

"If an eruptive disease appears in a district, it is the duty of the authorities to learn the nature of that disease, and if it seems contagious, it should be isolated. If a doubt exists, an expert should be called to settle the diagnosis. All cases of so-called "chicken-pox," "Cuban itch," "elephant itch," "nigger itch," and the like, should be at once isolated; in nine out of ten cases these prove to be small-pox."—Public Health Reports, U. S. Marine Hospital Service.

PHYSICIANS TO WHOM CERTIFICATES WERE ISSUED BY THE STATE BOARD OF HEALTH DURING
JANUARY AND FEBRUARY, 1903.

Name.	Address.	College.	Recommended by
Dimon, Robert B.....	Massillon, Ohio	Hahnemann, Chicago	{ Wm. O. Forbes.
Dodge, Rufus E.....	Saginaw, Mich	Hahnemann, Chicago	{ F. W. Wood.
Frick, Lewis	751 W. Fullerton av., Chicago..		{ C. D. Collins.
Morris, Robert W.....	1426 Indiana av., Chicago.....	P. and S., Chicago.....	{ Wm. O. Forbes.
Randall, Charlotte A.....	1988 Washington Boul., Chicago..	P. and S., Chicago.....	{ Geo. W. Webster.
Sasvil, Ernest M.....	St. Louis, Mo.....	Medicine and Surgery, Chicago....	{ Wm. E. Quine.
Stewart, Oliver Eugene..	Hahnemann Hosp., Chicago.....	N. W. Univ. Med. School, Chicago..	{ E. C. Dudley.
Von Barez, Roman.....	Sherman House, Chicago.....	Hahnemann, Chicago	{ Henry B. Favill.
Waskow, O. G.....	36 N. Clark st., Chicago.....	Univ. Cracow	{ Chas. J. Lewis.
		P. and S., Chicago.....	{ H. Paxton Nelson
			{ Robt. F. Gillmore.
			{ Geo. W. Webster.
			{ Jos. P. Cobb.
			{ Wm. O. Forbes.
			{ A. J. Ochsner.
			{ John B. Murphy.
			{ Emil F. Baur.
			{ F. E. Buechner.

DEATHS OF ILLINOIS PHYSICIANS NOTED BY THE STATE
BOARD OF HEALTH DURING JANUARY AND
FEBRUARY, 1903.

Ash, John, Brighton, Ill., Jan. 31, 1903.
Bradley, C. C., Rock Rapids, Ia., Feb. 4, 1903.
Conley, Patrick H., Chicago, Ill., Feb. 3, 1903.
Dafoe, Peter V. R., Macon, Mo., Feb. 17, 1903.
Dawson, J. H., Milton, Ill., Jan. 29, 1903.
DeWolf, Jas. E., Baraboo, Wis., Jan. 5, 1903.
Dickerman, Edw. T., Springfield, Ill., Jan. 23, 1903.
Elder, Jas. G., Fisher, Ill., Jan. 9, 1903.
Forshee, Thomas W., Champaign, Ill., Feb. 12, 1903.
Graham, John, Plainville, Ill., Feb. 23, 1903.
Hays, Jacob, Chicago, Ill., Jan. 2, 1903.
Hinrich, W. W., Chicago, Ill., Feb. 10, 1903.
Hood, Humphrey H., Litchfield, Ill., Feb. 20, 1903.
Hoover, C. S., Ottawa, Ill., Jan. 4, 1903.
Kohl, Julius, Belleville, Ill., Jan. 4, 1903.
Looney, W. A., Vienna, Ill., Jan. 5, 1903.
Mason, John W., Jacksonville, Ill., Feb. 19, 1903.
Murphy, John, Peoria, Ill., Jan. 21, 1903.
Newland, Henry, Los Angeles, Cal., Feb. 8, 1903.
Porter, P. B., Chicago, Ill., Feb. 8, 1903.
Shucy, George E., Medora, Ind., Jan. 8, 1903.
Shutt, Margaret T., Springfield, Ill., Jan. 24, 1903.
Sibley, Cassius W., Fairfield, Ill., Jan. 13, 1903.
Thomas, D. E., St. Petersburg, Fla., Feb. 6, 1903.
Tomboeken, Henry, Terre Haute, Ind., Feb. 7, 1903.
Vimont, Chas. W., Chicago, Ill., Feb. 1, 1903.
Warren, Watkins, Thomasville, Ga., Jan. 2, 1903.
Woodworth, Gertrude H., Chicago, Ill., Feb. 10, 1903.
Xelowski, John H., Decatur, Ill., Jan. 16, 1903.

MARCH, 1903.

Casey, John R., Joliet, Ill., March 1, 1903.

A FEW LEGAL DECISIONS OF INTEREST TO ILLINOIS
PHYSICIANS.

LIABILITY OF PERSON WHO CALLS A PHYSICIAN.

The law does not presume from the mere summoning of the physician and requesting him to care for the sick or injured party, any implied promise by the one so acting to pay for the service of the physician.—Starrett vs. Miley, 79 App. 658.

VENDERS OF SPECTACLES AND THOSE TREATING DISEASES BY FITTING OF
GLASSES, NOT PRACTICING MEDICINE.

One who causes a customer to look at objects on a wall and therefrom determines what kind of lens are needed to aid his defective vision

and then has glasses ground accordingly and fitted into frames, and delivered such spectacles to his customer, is not required to first take out a license from the State Board of Health to practice medicine.

Nor is such person required to take out a license because he advertises for those who have head-ache, dizziness, etc., to call upon him, where the advertisement expressly declares he does not give medical treatment and it is apparent from the advertisement that all he professes to do is to fit spectacles to the eye.—*Smith vs. People*, 92 Ill. App. 22. (Case appealed by State Board of Health and now pending in Supreme Court.)

LIABILITY OF A PHYSICIAN FOR MALPRACTICE.

A physician who has given a patient the benefit of his best judgment is not liable for negligence, even if his judgment is erroneous, unless the error is inconsistent with reasonable skill and care. And the burden of proof is on the plaintiff to show the physician's want of skill, care and diligence and that the injury complained of resulted from a failure to exercise these requisites.—*McKee vs. Allen*, 94 Ill. App. 147. *Littlejohn vs. Arbogast*, 95 App. 605. *Utley vs. Burns*, 70 Ill. 162. *Matthei vs. Wooley*, 69 App. 654. *Barnes vs. Means*, 82 Ill. 379.

REPORTS OF BIRTHS AND DEATHS, AND DISEASES.

The statute requiring the collection of statistics, pertaining to the population of the State and health of the people which may impart useful information in the enactment of laws valuable to science and the medical profession to whom the people look for remedies for disease and for means to preserve health, and we see that it is difficult to discover oppression or injustice in requiring the medical profession to make known to the world statistics which may promote public health.—*Robinson, Clerk, etc., vs. Hamilton*, 14 N. W. R. 202.

DUTIES OF THE STATE BOARD OF HEALTH.

" * * * * * it clearly appears that one of the most important duties of the State Board of Health is to ascertain and certify to the qualifications of practicing physicians and surgeons and to detect quacks, and to prevent them and all ignorant pretenders from imposing on the sick and helpless."—Supreme Court of Illinois, *Potts vs. Breen*, 167 Ill. 67.

AS TO WHAT CONSTITUTES UNPROFESSIONAL CONDUCT AND THE POWERS OF STATE BOARD TO REVOKE CERTIFICATES.

The State Board of Health has the same power to revoke certificates issued to individuals to practice for the same reason it might refuse to issue such certificates, viz., for "unprofessional or dishonorable conduct," but the Board cannot from mere caprice or without cause revoke a certificate, fairly issued upon sufficient evidence of the holder's qualifications. The right of the citizen to practice his profession is too important to be taken away from him without any reason-

able causes. It must be from some act or conduct that would, in the common judgment, be deemed "unprofessional or dishonorable." And the revocation of such certificate by the State Board will not be sustained unless it appears from the record of their proceedings, from evidence submitted to it or otherwise, that they found the holder guilty of any act unprofessional or dishonorable.—*People for use of State Board of Health vs. McCoy*, 125 Ill. 289. *Akin vs. State Board of Health*, 20 Ill. App. 452.

NECESSARY FREQUENCY OF PHYSICIAN'S VISITS TO PATIENT.

The physician is considered the proper judge of the necessary frequency of his visits so long as he is in charge of the patient.—*Ebner vs. Mackey*, 87 Ill. App. 306.

PHYSICIANS AS EXPERT WITNESSES.

A physician subpoenaed and interrogated as an expert witness only cannot refuse to testify upon the ground that no compensation greater than that allowed to ordinary witnesses has been paid or promised to him, and a physician refusing to testify for the reason that no special compensation has been paid or promised, the trial court is justified in fining for contempt.—*Dixon vs. People*, 63 Ill. App. 585, and *Dixon vs. People*, 168 Ill., 179.

ILLINOIS SHOULD HAVE A STATE SANATORIUM FOR THE
TREATMENT OF TUBERCULOSIS. IF THE PHYSICIANS OF
THE STATE WILL EXERCISE THEIR INFLUENCE, HOUSE
BILL NO. 84 WILL BECOME A LAW.

The consumptive poor, many of whom, if well, would contribute not only to their own support, but to that of others also, should be given a chance to live. They cannot receive the necessary care and treatment in their own state; they are unable to seek it elsewhere. Of necessity, therefore, they must die unless the state affords suitable relief. Give the consumptive a chance to live and protect those around him from the disease with which he is afflicted.



BULLETIN

OF THE

ILLINOIS BOARD OF HEALTH

PUBLISHED MONTHLY OR BI-MONTHLY AT THE OFFICE OF THE BOARD, SPRINGFIELD,

MEMBERS OF THE BOARD.

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Chicago offices, 412-13 Chicago Opera House Bldg.

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APRIL 1, 1903.

No. 2.

EXAMINATIONS AND MEETINGS.

As announced in the BULLETIN of March 1, the regular quarterly examinations of the State Board of Health will be held in the Great Northern Hotel, Chicago, commencing April 15th and July 15th, 1903. Special examinations for the accommodation of the spring graduating classes will be held in the City Hall, East St. Louis, commencing on May 11th, and in the 7th Regiment Armory, Chicago, commencing on June 2d. All examinations will commence at 9:00 a. m. on the dates mentioned. The Board will meet in Chicago on April 14th and July 14th.

The eighteenth examination of the State Board of Health for embalmers will take place in Peoria on Friday, June 12, 1903. The written examination will be held in the Hotel Fey from 9:30 a. m. to 1:00 p. m. The practical examination (operations on the cadaver) will begin at 2:00 p. m. Examining Committee—Dr. Ludvig Hektoen and Messrs. Frank Ketcham and W. V. McKinstry.

The members of the State Board of Health desire to express their hearty thanks for the many kind letters which have been received since March 1st from physicians of the State regarding the BULLETIN.

REPORTS OF DISEASES.

SMALLPOX: Smallpox has been reported to the State Board of Health from the following places during the month of March, 1903. a total of about 300 cases:

Bureau County, Seatonville; Champaign County, Bondville, Champaign, Kerr Township, Ogden, Rantoul and vicinity, Scott township, St. Joseph, Urbana and Mahomet township; Christian County, Mosquito township; Clark County, Casey; Coles County, Charleston and Etna; Cook County, Chicago; Crawford County, Harainsville; Cumberland County, Jewett, Janesville, Neoga and Roslyn; Douglas County, Hindsboro; Edgar County, Chrisman; Effingham County, Watson and Eberle; Franklin County, Thompsonville; Greene County, Carrollton, Greenfield; Hamilton County, Macedonia; Hancock County, Basco; Jasper County, Willow Hill; Johnson County, Bloomfield and vicinity of Cypress; Kankakee County, Kankakee; Lawrence County, Helena and Allison township; Lee County, Wyoming township; Macon County, Decatur and vicinity; Macoupin County, Carlinville, Girard, Virden and Shipman township; Madison County, Granite City and Upper Alton; McHenry County, Marengo; McLean County, Bloomington township; Montgomery County, Irving; Moultrie County, Lowe township; Ogle County, Holcomb, Linwood and Lynnville townships; Pike County, Detroit and Eldara; Pope County, Delwood, Golconda and vicinity; Randolph County, Chester; Saline County, Independence township; Union County, Dongola; Vermillion County, Danville, Ridge Farm and Rossville; Wabash County, Mt. Carmel; Warren County, Monmouth and Swan Creek.

Twenty deaths have been reported from Carroll, Champaign, Cook, Fulton, Saline, Sangamon and Vermilion Counties.

The Secretary has given personal attention to all reports received. Whenever a request has been made an inspector of the Board has been sent to assist in the diagnosis of the disease or in the enforcement of quarantine rules. In all cases a liberal supply of smallpox circulars and pictorial hangers have been forwarded to the infected localities and full instructions regarding the measures necessary to be taken, have been given by letters. Whenever practicable the local officials have been communicated with by telephone. The necessity for vaccination has been enjoined upon all physicians and health authorities with whom the Board has had communication. Owing to high mortality during the past month, public interest in vaccination has been awakened and the people have hastened to avail themselves of its benefits.

That vaccination will prevent smallpox; that there is no other sure method of prevention, is as clear in the minds of that portion of intelligent humanity which comprehends what vaccination has done for the world, as that the world moves and the sun shines. The

efficacy of vaccination has been demonstrated on several occasions during the month in connection with reports of smallpox made to the State Board of Health. In one report coming from Montgomery County it is shown that all members of a family in which there was a case of smallpox escaped the disease by timely vaccination after exposure, except an uncle of the patient who refused vaccination. This gentleman was highly incensed at the quarantine which he regarded as unnecessary, and to emphasize his belief in his immunity from contagion he slept with the patient. It is unnecessary to add that in two weeks he was covered with overwhelming evidence of his error. A valued correspondent of the Board in Lockport, Dr. W. F. Schoop, makes report of a case which will be of interest. Speaking of a patient who visited his office in the active stage of smallpox, he says: "When he left my office I at once sent for fresh vaccine virus to Joliet, and in the afternoon went out to the farm to vaccinate the family which consisted of his sister, her husband, their son, aged 4, and his sister's nephew, aged 11, who had slept with the patient the two nights he remained in the house. None but the husband had ever been vaccinated and he when very young. I vaccinated all but the husband, who would not submit, even after tearful entreaties of his wife and my earnest solicitation. He was not afraid and even doubted whether it was really smallpox. Well, the three that I vaccinated came through all right with not even a symptom, while the doubting Thomas in about a week came down with smallpox good and hard, so much so that he thought he would die. He believes in vaccination now."

SCARLET FEVER: Reports of scarlet fever have been received from the following places during the month:

Cook County, Chicago; Fayette County, St. Elmo; Lake County, Lake Forest; Madison County, Marine; Macoupin County, Modesto; Piatt County, Mansfield; Pike County, Pittsfield; Randolph County, Steeleville; Sangamon County, Springfield; St. Clair County, Belleville and vicinity and Freeburg; Tazewell County, Hopedale; Will County, Joliet. But few cities, towns and villages report cases of scarlet fever. The disease has prevailed in epidemic form in Lake Forest during the past two months, but it is believed that it is now under control. The President of the State Board of Health visited the city twice and co-operated with the local authorities in the attempt to stay the progress of the disease. Several hundred of the circulars issued by the Board on the Prevention of Scarlet Fever have been sent to the infected localities.

DIPHTHERIA: Reports of diphtheria have been received from Cook County, Chicago, Gary and vicinity; Ford County, Roberts; Henry County, Galena; Piatt County, Mansfield; Sangamon County, Curran;

St. Clair County, Belleville; Will County, Joliet; Woodford County, Minonk. Like scarlet fever, diphtheria is reported but from a few places in the State.

TYPHOID FEVER: No reports of this disease have been received by the Board during the month, although the prevalence of cases in several cities has been noted in the daily press. As cases of typhoid fever are seldom reported by physicians even in large cities, it is difficult for the Board of Health to obtain reports. During the past few months there have been several cases in Elgin, due, it is thought, to polluted water. An examination of the city water supply is now being made by the chemist of the State Board of Health.

EVERY PERSON IN TOWN DOWN WITH MEASLES.

All of the 200 Inhabitants of Benson, Ill., Are Down With the Disease Which Spread Rapidly.

Peoria, Ill., March 20.—Every inhabitant of Benson, Ill., a town of 200 inhabitants, located about twenty miles out of Peoria, on the Santa Fe road, has the measles. The epidemic began about two weeks ago and has spread until every inhabitant is afflicted. At first it was supposed to be smallpox, but now it is diagnosed as measles.

The above, which appeared in a leading newspaper in Illinois, came to the notice of the Secretary of the State Board of Health on March 20th. An investigation was at once made and it was found that there were three cases of measles in town and no smallpox.

SMALLPOX NURSES.

The following nurses offer their services to health authorities: Miss Mary Mullen, 451 Smith Street, Peoria, and David T. Smith, 304 Harrison Street, Peoria.

SANITARY INVESTIGATIONS.

During the month of March, 1903, medical inspectors of the State Board of Health have been sent to the following places to make inspections of unsanitary conditions or outbreaks of contagious diseases:

Champaign County, Bondville and Kerr township; Clark County, Casey; Douglas County, Hindsboro; Franklin County, Thompsonville; Fulton County, Farmington; Hamilton County, Macedonia; Hancock County, Basco; Hardin County, Elizabethtown and vicinity; Jasper County, Willow Hill; Kankakee County, Kenkakee; Macoupin County, Girard, Virden and Shipman township; Pike County, Eldara; Ogle County, Lindenwood, Holcomb and Lynnville township; Pope County, Golconda; Sangamon County, Woodside township; Tazewell County, Pekin; Union County, Dongola; Vermillion County, Danville and Ridge Farm.

Complaints of unsanitary conditions have been received from several other places also, but these did not call for an investigation.

Many requests have been received during the past month from health officers and physicians in adjoining states for copies of the circulars issued by the State Board of Health on Smallpox, Scarlet Fever, Diphtheria. The demand for the circular issued as a supplement to the March Bulletin entitled Disinfection vs. Vaccination, has been so great as to exhaust the supply on hand.

CARE OF CONSUMPTIVES.

Although an organized system of tuberculosis treatment is of very recent achievement, its effects are already universally accepted as conclusive.

While no specific cure for this blood taint has been ascertained beyond medical debate, it is universally recognized that the malignancy of the disease is within control and that its advance in any community can be effectually checked by scientific restraint.

That it may even be cured has been shown in recent years by numerous but widely distributed cases where autopsy showed that death has been caused by a different disease and that the germs of tuberculosis had completely disappeared.

In the United States progress in this path has not been as rapid as in portions of the old world. London hospitals for consumptives have furnished the medical profession with much invaluable guidance. Austria and Prussia have not been less helpful in their official amelioration of this dread malady. Denmark is now about to put in force vigorous precautions for the protection of its people liable to be exposed to consumption.

The report just submitted by the Danish royal commission recommends that inspector physicians take charge of all cases of tuberculosis and exercise unremitting care over the sufferers. Special institutions are to be provided for them at state cost in which the very poor will be treated free and other patients will be at liberty to pay for their care in whole or part.

Comprehensive measures are prescribed for disinfection of contaminated dwellings. A medical examination is ordered for nurses, teachers and physicians to the end that they shall not become involuntary agents for communication of tuberculosis germs.

Illinois continues to do nothing for its consumptives.—Chicago Chronicle.

ILLINOIS SHOULD HAVE A STATE SANATORIUM FOR THE
TREATMENT OF TUBERCULOSIS. IF THE PHYSICIANS OF
THE STATE WILL EXERCISE THEIR INFLUENCE, HOUSE
BILL NO. 84 WILL BECOME A LAW.

THE CHICAGO DRAINAGE CANAL CASE.

For several weeks past Commissioner Bright of the Supreme Court of the United States, has been engaged in taking testimony in St. Louis regarding the effect of the sewage of Chicago on the Mississippi river. The State of Illinois has been represented by the Attorney General, the Sanitary District of Chicago and the State Board of Health. On March 17th and 18th the Secretary of the Board attended a hearing in company with Dr. John H. Long of Chicago, Chemist to the Board. City Chemist Teichman and Drs. Amand Ravold and

Edward H. Keiser of St. Louis were the principal witnesses. The most sensational testimony was that given by Dr. Ravold, who stated that he had secured from Germany a colony of *B. prodigiosus*, a micro organism foreign to the waters of the Illinois and Mississippi, and that he had prepared 107 barrels of cultures of this bacillus, each barrel containing 40 gallons, and dumped these into the Canal at Lemont. He testified further that subsequent experiments showed that these bacilli reached St. Louis with their vitality unimpaired. Dr. Ravold did not attempt at the hearing to estimate the number of the bacilli in the solution contained in the 107 barrels dumped into the canal by him, but he admitted that undoubtedly there were many millions. On cross-examination Dr. Ravold testified that of the million or more bacilli which started for St. Louis in the Chicago Drainage Canal, he was unable to find but *five* in the water of the Mississippi river, two at Grafton, two at Chain of Rocks and one at the St. Louis Water Works. Dr. Ravold inclined to the opinion that *B. prodigiosus* greatly resembled *B. typhosus* in respect to vitality and longevity. Yet on cross-examination he admitted that while it was possible it was highly improbable that the typhoid bacillus could travel from Chicago to St. Louis via the Chicago Drainage Canal, the Desplaines, Illinois and Mississippi rivers. He admitted also that there was not a case on record where the typhoid bacillus had traveled over twenty-five miles in water and retained its virility. Attorney General Hamlin subjected Dr. Ravold to a severe and searching cross-examination.

The State of Illinois, through the State Board of Health, is prepared to conclusively demonstrate that there is little or no pollution in the Mississippi-Missouri river at the Chain of Rocks, which can be attributed to the sewage of Chicago, and that the Illinois river at its confluence with the Mississippi is in better sanitary condition than the Mississippi itself or the Missouri at its mouth.

C. E. Carr, of Columbus, who stands at the head of the anti-vaccination contingent of the latter city and who loudly proclaimed that there was no smallpox epidemic, received an invitation from Health Officer Smith to accompany him on his visits to the smallpox cases of the city. Dr. Carr accepted the invitation and worked his bluff up to the last moment and then refused to go, business being the reason for his not going.—The Cleveland Medical Journal.

In Illinois "Dr. Carr" is well known. We have met him on several occasions, but as in Cleveland he was usually too busy to see the case, although he knew "it was not smallpox."

CESS POOL VAULTS.

How to dispose of sewage is the problem which daily confronts city, village and township officials. The State Board of Health receives inquiries frequently relative to the construction of cess pool

vaults, and whether it is safe to use an abandoned well as a cess pool. In regard to the former the following extract from a communication sent by the Secretary of the Board to the health officer of a leading village, may be of interest and value:

"Before making any suggestion whatever with reference to the construction of cess pool vaults, it seems pertinent to remark that no cess pool vaults allowing of seepage should be built within 100 yards of any shallow well from which drinking water is drawn. By shallow well is meant all open wells, and any cased well in which the water is received from sand strata which are within 100 feet of the surface. It has been demonstrated that sewage from cess pool vaults will in time percolate through the soil for over 200 feet horizontally and reach shallow wells, and where the sand stratum is extensive, the limiting distance is not known.

"Where there are a number of houses requiring sewerage facilities, it is always advisable to construct a sewer, if at all practicable, that is, providing a suitable outlet can be had within a reasonable distance from the premises to be sewered, so that the cost may not be prohibitive. Very erroneous ideas as to the cost of sewerage prevail generally because of the heavy expense of sewerage in thickly populated cities, where the storm water from the roofs of the houses and the street pavements is required to be carried in the sewers, as well as the sewage. A 6-inch vitrified sewer tile, properly laid, with cemented joints, will make a perfect sewer, and will be large enough to take care of the sewage of 75 to 100 residences. A sewer of this size, or even an 8-inch sewer, need not be laid very deep in the streets for draining residences, and can be constructed at very much less cost than is generally supposed. A sewerage system, even if the owners of properties must form a sort of partnership and construct a sewer at their own cost, would be very much more satisfactory than any cess pool arrangement that can possibly be devised.

"However, in case there should be a good farm tile drain near the premises requiring sewerage, and no sewer can be had for the purpose, a cemented cess pool vault, say, 5 feet in diameter and 8 or 10 feet deep, may be used with reasonable safety, providing a suitable trap is placed at the outlet from the vault, and a vitrified tile sewer, with cemented joints, lead from the vault to the tile drain. No well should be nearer the tile with open joints below the point where the cess pool drain enters it, than 100 feet. The cess pool vault must be made absolutely water tight, and into it may be drained all kitchen, laundry and other sewage from residences. Pipes leading from the residences to the vault must also be vitrified glazed sewer pipe, with cemented joints."

Under the circumstances should an abandoned well be used as a cess pool? A physician needs no assurance on this point. No detailed explanation is called for.

"A state home for consumptives is recommended by the State Board of Health in its bi-ennial report. It also recommends that a State Board of Medical Examiners conduct examinations which, under the present law, are made by the State Board of Health. Other recommendations for better laws to enable the State Board to suppress contagious disease and safeguard the public health. The State Board of Health in recent years has grown in importance and increased in usefulness."

The above clipping was sent recently by an unknown friend to the State Board of Health "for the Bulletin." The members of the Board thank the editor for his kind words and the unknown friend for his thoughtfulness.

DIPHTHERIA SPREAD FROM A FUNERAL.

The following is an excerpt from the November number of the Bulletin of the Virginia Board of Health. It affords an object lesson which though fortunately not very common should be carefully heeded; since no one can tell the direful results of exposure under such circumstances. In Iowa such a thing could not occur—we mean that no local health board would allow such a funeral—nor would any community tolerate it:

In Maryland, where Boards of Health are hampered by insufficient means and inefficient laws, such cases as this sometimes occur:

A singular case of infection occurred at Powellsville, Wicomico County, which is a small village of about twenty families. An epidemic of diphtheria was reported there, and on investigation I learned that the death of a child from the disease had occurred last October, and that a public funeral, which is in direct violation of the law, was held from the Methodist church at that place. The undertaker, at the request of a woman, opened the coffin, and the remains were exposed to the view of the congregation.

"Some cotton had been placed around the neck of the dead child to protect the clothing from being soiled by discharges from the mouth and nose. The undertaker took some of the cotton, wiped the face with it, and tossed it away. Then the people filed up and viewed the remains. This was the start of the disease.

"The heaviest penalty of this criminally ignorant proceeding fell upon the undertaker, whose entire family, consisting of himself, wife and eight children were all ill with diphtheria. Four of the children died."—Sanitarian.

So far as is known neither Virginia or Maryland has as yet any system of examining and licensing embalmers. In Iowa, Illinois and many other states of the Union the State Boards of Health have taken upon themselves the duty of requiring embalmers to obtain a knowledge of sanitary science and the method of prevention of disease. The time has passed when an embalmer in these states will carry disease from one family to another.

"SENATE BILL: A bill has recently been introduced in the Senate (of Illinois) giving the osteopaths representation on the State Board of Health, another abolishing the State Board of Health * * *"
—Journal American Medical Association, March 14, 1903.

The bill first referred to is Senate 214, introduced February 19th. This is printed in full on page 14 of the Bulletin of March 1. As the Editor of the Journal was informed on March 17 no bill abolishing the State Board of Health has been introduced into the Senate or House.

REPORTS OF BIRTHS AND DEATHS.

A bill requiring reports of births and deaths prepared by the Secretary of the State Board of Health on the lines indicated on page 9 of the March Bulletin, passed the Senate on March 19. This is known as Senate Bill 312. If this measure becomes a law physicians will be paid 25 cents for each birth and death reported.

AMERICAN CONGRESS ON TUBERCULOSIS.

This important and praiseworthy association has been reorganized on medical lines, and the personnel of its officers and council is indicative of a strong organization, one that is fully equipped for a successful campaign against the ravages of the "great white plague." This congress has recently been granted a charter, thus making it a legally organized body, and greatly facilitating its progress. It is proposed to hold an International or World's Congress on Tuberculosis, along strictly ethical lines, at St. Louis, in July of the World's Fair year. A large number of representative men, including the heads of Army and Navy corps, have accepted positions on the advisory committee, and invitations have been issued to physicians of national reputation in every civilized country.

It is the earnest desire of the energetic and capable Secretary, Dr. Geo. Brown, of Atlanta, Ga., that he be informed as to the names of officers and dates of meeting of all medical societies, especially those which pass resolutions in favor of the World's Congress on Tuberculosis at St. Louis. The co-operation and assistance of all medical men who are interested in this important subject is earnestly solicited, as well as the support of all societies organized for the purpose of promoting legislation for the prevention of tuberculosis. The officers of the Congress are as follows:

Honorary President, Dr. Henry D. Holton, Brattleboro, Vt.

President, Dr. Daniel Lewis, New York.

First Vice-President, Dr. J. A. Egan, Springfield, Ill.

Second Vice-President, Dr. Frank Paschal, San Antonio, Tex.

Third Vice-President, Dr. E. J. Barrack, Toronto, Canada.

Fourth Vice-President, Dr. Irving A. Watson, Concord, N. H.

Fifth Vice-President, Dr. Chas. Wood Fassett, St. Joseph, Mo.

Secretary, Dr. George Brown, Atlanta, Ga.

Treasurer, Dr. P. H. Bryce, Toronto, Canada.

—The Medical Herald, St. Joseph, Mo.

TUBERCULOSIS IN JANUARY.

Three hundred and forty deaths from tuberculosis occurred in the State in January. Of the total number 142 were males and 198 females. The State death rate from the disease was 141.6 per 100,000. The city rate was 169.8 and the country rate 128. The married males between the ages of 18 and 40 who died of the disease numbered 26 and the married females in the same age period numbered 71. In

December these figures were 23 and 69 respectively. In March all of these figures will be increased because that month always shows the highest consumption death rate.

The destruction wrought by tuberculosis in January, 1903, may be summed up as follows:

Ninety-seven families were invaded by death from the Great White Plague and, of course, made desolate; and 194 orphans were created. It can not be told how many of these orphans will become charges of the State, but some of the number certainly will. The important matter is—how much longer will intelligent people of Indiana allow this tiger called consumption, to tear and rend them?—Bulletin Indiana State Board of Health.

PROSECUTIONS OF VIOLATIONS OF THE MEDICAL LAW.

On March 5th, 1901, the President of the Ohio State Board of Medical Registration and Examination addressed a communication to the Secretaries of forty-eight medical examining boards in the United States asking the following questions:

1. "What difficulties, if any, do you have in enforcing the medical laws in your State?"
2. "Do you have the efficient and determined co-operation of the physicians and medical societies throughout your State in enforcing the law?"
3. "Do you have any trouble in getting violations of the law before the courts?"
4. "In your opinion, are the medical laws in your State justly and efficiently administered by the courts?"
5. "Where would you place the blame for these and such other difficulties that may exist?"
6. "How many cases have been prosecuted for infractions and violations of the medical laws in your State from January 1, 1897, to the present time?"

The following is a synopsis of some of the answers received as set forth in a paper read by the President before the Ohio State Medical Society:

"California reports that witnesses are usually unwilling to appear against irregular practitioners, and it is very difficult to obtain evidence. The profession is not quite so active in giving assistance as formerly, but some societies are doing good work. The courts are efficient."

"Colorado has no difficulty in enforcing the law, because it is so lenient that almost any one can procure a license to practice, and any violations of the law are so flagrant that there is no trouble in convicting offenders. The physicians do what they can with the law that they have. No record of prosecutions."

"Connecticut has no serious trouble in enforcing her medical law; and it is unique in the provision that in every county of the State is a county officer, a lawyer, whose special duty it is to see that the laws relating to the public sanitation, registration of vital statistics,

and the medical practice act are executed. A number of convictions have been obtained. This efficiency is attributed to said county officers, as before their appointment nothing could be done."

"Delaware reports inability to get Attorney General to prosecute or investigate reported cases; and that lamentable indifference prevails among the profession and general public. No prosecutions have been instituted."

"Idaho finds difficulties in securing enforcement of the medical law, chief of which is the reluctance of physicians to make formal complaint against offenders of the law. The societies render assistance to the Board, though individual physicians do not. The courts are apt to give the quacks the benefit of any and all technicalities. The absence of a clause giving the informer half the fines collected is regarded as a defect in the law. Two cases have been prosecuted since April, 1899."

"Iowa finds the difficulties are a lack of co-operation on the part of the state and the county attorneys, whose duty it is to prosecute. There is timidity on the part of physicians to assist in getting evidence, and a lukewarmness on the part of county attorneys."

"Kansas has great difficulty in enforcing the law because of ambiguity and imperfections in the statute. The profession of the state has been indifferent, and permeated with quackery. Politics has prevented the execution of the law; and the general public is indifferent to its provisions. Three prosecutions have been attempted."

"Maine finds that the law is deficient in means to enforce its provisions. No cases have been prosecuted since January, 1897."

"Michigan has some trouble in getting the officers of the law to actively prosecute violations of the medical practice act; but the profession and societies co-operate with the board, and if it were not for the elective positions of the prosecutors there would be little difficulty in enforcing the law. Since September, 1899, 25 prosecutions, with 20 convictions, have been carried out."

"Mississippi has no difficulty when physicians are bold enough to report violations. The societies lend assistance. The courts administer the law efficiently, but the physicians are adverse to notoriety from reporting violations of the law. Several prosecutions have been made."

"Nebraska encounters a difficulty in the hesitation shown by physicians to sign a complaint and press a prosecution against quacks, and assigns as a reason for this, that the newspapers are usually hostile to the profession, so the physician taking such a step lays himself open to their abuse. Probably fifty suits have been instituted by the board in the past four years."

"New Mexico finds the greatest difficulty in securing evidence. The profession is alive to the advantages of the law, but the public is indifferent. The courts administer the law with efficiency. Twenty cases have been prosecuted."

"New York has no great difficulty in enforcing the law when proper evidence is adduced. In many counties the work of prosecuting offenders is carried on by a paid counsel of the county medical society. A public sentiment has developed favorable of the law. Political favor has in a few cases stood in the way of prosecutions, but ultimately justice has been meted out and the offenders brought to terms."

In Ohio the State Board of Medical Registration and Examination reports 181 prosecutions between January 1, 1897, to May 1, 1901, hence it would appear that Ohio has instituted more proceedings against violators of the law than all of the states reporting.

The records of the Illinois State Board of Health show that during the period from January 1, 1897, to May 1, 1901, the Secretary of the Board issued 398 authorizations for the prosecutions of violators of the medical practice act, a greater number than were issued in all the states mentioned above, Ohio included.

Excepting in a few counties of the State in which it is impossible to obtain the co-operation of the medical profession, the present law regulating the practice of medicine in the State of Illinois is efficiently enforced, excepting possibly, in the case of those who change locations "between suns."

INTERSTATE RECIPROCITY.

"The way to reciprocity is to begin reciprocating, and having begun to keep on; that seems a practical lesson to be drawn from the fact that a large number of State boards empowered to do so are not in fact reciprocating, i. e., recognizing the certificates of other boards. And yet the boards are composed of medical men, and their colleagues have been filling medical journals and society meetings with bitter and justified complaints as to the hardships of nonreciprocity. Why not ask, oh, ye righteously indignant, your own boards and officers and conferees to do that which they are empowered to do? There is before us a summary of the laws and regulations concerning the practice of medicine in the United States, extracted from the report of the Illinois State Board of Health of March 1, 1902 (Dr. James A. Egan, Springfield, Secretary), which says that the following states are 'empowered to recognize certificates of other boards':

California, New Jersey, Delaware, New York, District of Columbia, Ohio, Pennsylvania, Indiana, Puerto Rico, Kansas, Texas, Maine, Virginia, Michigan, Washington, New Hampshire, Wisconsin.

"If reciprocity is desirable, and if empowered to recognize without re-examination, why do these boards not at once and simply begin reciprocity?

"ILLINOIS THE LEADER IN PRACTICAL RECIPROCITY.

"The Illinois State Board of Health, in July, 1899, adopted, and on October 25, 1901, amended a resolution so that at present

'Applicants for a state certificate to practice medicine and surgery in the State of Illinois, who have been examined and licensed by other State Examining Boards maintaining standards not lower than those provided for in the act to regulate the practice of medicine in the State of Illinois, in force July 1, 1899, may be granted certificates

without further examination, on payment of the fees required by the act, providing that the applicant, who must be a graduate of a medical college in good standing with this board, shall present with his license a statement signed by the President or Secretary of the State Examining Board under the seal of the board, showing that the requirements of said examining board at the time of his examination were equal to those exacted by this board under the present law, and providing further that the said State Examining Board will grant licenses without examination to applicants holding certificates issued by the Illinois State Board of Health under the act now in force.'

"If, therefore, we do not err, the State Board of Health of Illinois is the only licensing and examining Board in the United States which recognizes licenses issued by other Boards without the express sanction of law. There is nothing in the law regulating the practice of medicine and surgery in the State, in force July 1, 1899, which by implication even empowers the Board to accept a license issued by another Board in lieu of an examination. Yet the Board over three years ago adopted the resolution quoted and since that time has enforced it. The Board now stands ready, as it has in the past, to issue a certificate without examination to any person a graduate of a recognized Medical College who has passed an examination before any State Board of Health or of Medical Examination and Registration in the United States which has requirements practically equivalent to those of the Illinois State Board of Health."—American Medicine.

As stated, the State Board of Health of Illinois stands ready to reciprocate with any State Board of equal requirements. Reciprocity has been formally established between the State Board of Health of Illinois and the Board of Registration of Medicine of Maine, the State Board of Medical Examiners of New Jersey, the State Board of Medical Examiners of Wisconsin and the Board of Homoeopathic Medical Examiners of the State of Texas.

House Bill No. 78 (Dr. Wheeler) for an act to provide for the creation and establishment of an Illinois State Colony for Epileptics is still in the Appropriation Committee. From the best information obtainable little or no effort is being made by the members of the medical profession of the State to further the passage of either this measure or House Bill No. 84 providing for a State Sanatorium for Consumptives. A few years ago the Illinois State Medical Society by formal resolution gave the scheme for an epileptic colony, its emphatic and unqualified endorsement, and instructed the committee on Legislature to use all honorable means to have the Legislature pass proper laws.

NEW LAWS IN COLORADO AND SOUTH DAKOTA.

A bill to amend the present medical law has passed the House and Senate of Colorado and awaits the action of the Governor. The bill provides that the State Board of Medical Examiners shall grant certificates without examination "to graduates of chartered medical schools of the standard required by the State Board of Medical Examiners." All other graduates and non-graduates must pass an examination in the usual branches.

Section 11 of this bill reads as follows:

Sec. 11. Any person shall be regarded as practicing medicine, within the meaning of this act, who shall attach to his or her name the titled 'M. D.' or 'Surgeon' or 'Doctor,' or 'D. O.,' in a medical sense, or advertise in any manner or hold himself or herself out to the public in this state as a physician, surgeon, doctor, or as a person who shall diagnosticate, or offer to diagnosticate, any physical or mental disease of any person, or suggest, recommend and prescribe any form of treatment for the intended palliation, relief or cure of the same, with the intention of receiving therefor, either directly or indirectly, any fee, gift or compensation whatsoever. It is hereby further provided that the doing of any of the things hereinbefore set forth, or the maintenance of an office for the reception, examination and treatment of any one in manner as hereinbefore set forth, or the exposure of signs, circulars or advertisements, or any other device or information indicating thereby the occupation of the person or persons as that of being engaged in the practice of medicine as hereinbefore defined, shall be considered as prima facie evidence in any prosecution brought under this act. Nothing in this act, however, shall be construed to prohibit gratuitous service in case of emergency nor to the practice of the religious tenets of any church whatsoever, but in no event shall such person practice in contagious and infectious diseases recognized as dangerous to the public health, subject to quarantine regulations, unless they have passed the examination. * * *

A law recently enacted in South Dakota provides for the creation of a State Board of Medical Examiners and an examination of all persons not already authorized to practice. This law is now in force. Heretofore the State Board of Health was empowered to issue licenses upon the presentation of an accredited diploma.

MEDICAL COLLEGE STATISTICS FOR 1902.

One hundred and fifty-six medical colleges, with 6,776 instructors, enrolled 27,501 students and graduated 5,002 students in the school year 1901-1902. In the year previous, 1900-1901, 156 colleges, with 5,958 teachers, enrolled 26,417 students and graduated 5,444. Twenty years ago there were 89 medical schools with 14,934 students and 4,115 graduates. The increase in the number of schools and students is far in advance of the increase in the number of graduates. The graduates twenty years ago were 4,115; in 1900, 5,314; in 1901, 5,444; and in 1902, 5,000. The attendance in twenty years, has, therefore, increased nearly 200 per cent., and the number of graduates has increased less than 25 per cent. The decrease in the number of graduates in the last year is assigned to the increased length of course of study and increased requirements by State Boards. It is considered by many a temporary decrease and one that will be charged to an increase as soon as the temporary check is overcome. The decrease in graduates is classified thus: There were 4,879 graduates from the regular colleges in 1901; 387 from the homeopathic; 148 from the eclectic, and 30 from the physio-medical and nondescript; total, 5,444. In 1902, 4,498 graduated from regular schools; 336 from the homeopathic; 138 from the eclectic, and 27 from the others, a decrease in every class. The increase in students is classified thus: There were 23,846 students registered at the regular colleges during the year ending July 1, 1901; 1,683 at the homeopathic; 664 at the eclectic, and 224 at the physio-medical and nondescript; a total of 26,417. During the year ending July 1, 1902, 24,878 students registered at the regular colleges; 1,617 at the homeopathic; 765 at the eclectic, and 241 at the physio-medical and nonde-

script; total, 27,501. This is an increase among all but the homeopathic schools. In the year the regular schools increased in enrollment 1,032 and decreased in number of graduates 381. The homeopaths lost in enrollment 66 and in graduates 51; the eclectics gained in enrollment 99 and lost 10 in graduates; all other schools gained 17 in enrollment and lost 3 in graduates.—Journal American Medical Association.

The Harvey Medical School, of Illinois, is to be affiliated with the State University, which is represented in Chicago by the College of Physicians and Surgeons. Harvey College admits only night students, and its affiliation with the University will add to its importance and will give it an advantage no other university enjoys, in being allied with two medical colleges, one with day and the other with night classes.—American Medicine.

DR. JULIUS KOHL.

At the annual meeting of the Illinois State Board of Health January 13th, 1903, Dr. C. B. Johnson, of Champaign, offered the following resolution which was unanimously adopted and ordered spread on the minutes of the Board:

"Whereas, Dr. Julius Kohl, formerly an honored member of the Illinois State Board of Health, died at his home in Belleville, Ill., on January 4, 1903.

"Resolved, That we recognize the ability, integrity and manly courage that characterized the deceased, and the unswerving fidelity, honesty and fearlessness that animated him in the discharge of every duty while a member of the Illinois State Board of Health.

"Resolved, That we tender our sympathies to the family of the late Dr. Kohl, to his immediate friends and to the citizens of St. Clair County in the irreparable loss they have so recently sustained."

The writer mourns the loss of a loyal friend and a genial, lovable companion.

REPORTS OF THE BOARD.

Advance sheets of the Report of the State Board of Health on the Sanitary Investigations of the Illinois, Mississippi and Missouri have been issued and will be furnished to the Attorney General during the coming week for use in the suit brought against the State of Illinois by the State of Missouri for alleged pollution of the Mississippi river, which is now pending in the Supreme Court of the United States.

The Report of the State Board of Health on Medical Education and Official Register of 1903, referred to on page 19 of March Bulletin, is still in the hands of the State Printer. It is impossible at the present writing to say just when the report will be issued. Owing to the large amount of printing occasioned by the presence of the Legislature the State Printer is considerably behind in his work. It is hoped, however, that the report which will be corrected to the date of issue, will be printed during April or May.

The 21st, 2nd and 23rd Annual Reports of the State Board of

Health are now being compiled by the Secretary and will be sent to the State Printer as soon as he is able to print them. When these reports and those now in the printer's hands are issued, the State Board of Health will have published during the past five years, ten different reports embracing the proceedings of the Board, medical education and official registers and sanitary investigations of the Illinois, Mississippi and Missouri Rivers.

Through a clerical error in copying, a mistake was made in the personnel of the Committee on Appropriations of the State Senate in the March Bulletin. The following is correct:

Gardner, Chairman; Campbell, Townsend, Albertsen, Pemberton, Andrus, Hughes, Juul, McKenzie, Small, Templeton, Mueller, Watson, Fowler, Meehan, Butler, Dawson, Farrelly.

ORGANIZATION OF STATE OFFICIALS.

A meeting of the representatives of all the state boards, commissions and departments of state under the jurisdiction of the governor, held at the Executive Mansion on February 4, 1903, an association was formed to be known as the "Illinois Association of State Officials." Every department was represented and the meeting was the largest of its kind that has ever been held at the Mansion. It was called to order by Governor Yates, who addressed the meeting. It was resolved to hold meetings quarterly on the second Wednesday of January, April, July and October.

The following officers were elected for the ensuing year:

President, Bishop Samuel Fallows of Chicago; Vice-Presidents—Dr. R. F. Bennett of Anna, Capt. J. H. Freeman of Jacksonville, and Dennis F. Hogan of Geneva; Secretary, E. A. Snively of Springfield; Assistant Secretary, Mrs. Henry T. Rainey of Carrollton; Executive Committee—E. J. Murphy of Will County, J. H. Duncan of Williamson County, Dr. J. A. Egan of Cook County; Walter Wood of Alexander County, Dr. W. E. Taylor of Rock Island County, Gen. John C. Black of Cook County, Prof. J. H. Henninger of McDonough County and A. H. Jones of Crawford County.

The program for the quarterly meeting in April consists of the following papers:

"State Care of Consumptives," by Dr. J. A. Egan, secretary of the state board of health; "Inspection of Factories," by Edgar T. Davies, state factory inspector; "Inspection of Food," by A. H. Jones, state pure food commissioner; "Convict Labor," by David Ross, secretary of the labor bureau; "Arbitration," by J. McCan Davis, secretary of the state board of arbitration; "State University," by President S. A. Draper of the University of Illinois; "Merit System, by Statute," by Dr. W. E. Taylor, superintendent of the Watertown insane hospital; "Parole Law," by E. A. Snively, member of the board of pardons. The Association will hold its next meeting in this city April 8.

A STATE BOARD OF MEDICAL EXAMINERS.

On March 6th, Representative (Dr.) J. A. Wheeler introduced a bill (House No. 626) in the House of Representatives creating a State Board of Medical Examiners and regulating practice of medicine in the State of Illinois. On March 11th a similar bill (Senate No. 370) was introduced in the Senate by Senator (Dr.) J. H. Watson. These bills as introduced were practically the same as the proposed bill published in the Supplement to the Illinois Medical Journal, March, 1903.

On March 19th, House Bill No. 626 was considered by the Judiciary Committee. Several physicians of the Homeopathic school, Christian Scientists and Thomas A. Bland, of Chicago, late professor of the "Illinois Health University" and "Independent Medical College" of Chicago, spoke in opposition to the bill. Action was deferred until the 26th.

As the bills as introduced contained many material defects, a meeting was held in Springfield on the 24th of March for the purpose of preparing proper amendments. Those present at this meeting were Drs. J. H. Watson, C. E. Black, L. C. Taylor, G. N. Kreider, and J. A. Egan. Many amendments were proposed and adopted and the bills as amended were endorsed by all present. At a meeting of the members of the State Board of Health, held in Springfield on the morning of March 26th, the Secretary presented the bills with amendments for consideration. Every member present endorsed the bills.

During the afternoon of the 26th, House Bill No. 626 was considered by the Judiciary Committee of the House. The meeting was attended by the members of the Judicial Council of the Illinois State Medical Society and the State Board of Health and many physicians of the Regular and Homeopathic schools. Drs. C. E. Black, G. W. Webster, W. A. Evans and J. A. Egan, and W. A. Shaw, attorney for the State Board of Health, spoke in favor of the bill, and Drs. E. C. Sweet, John A. Vincent, N. B. Delameter, E. R. McIntire and Francis Duncan, of the Homeopathic school, argued for a modification of the bill. The members of the Homeopathic school insisted that no particular school of medicine should have a majority on the Board.

After the physicians retired the committee went into executive session, but no definite action was taken. A motion that it be the sense of the committee that no new boards be created, was adopted and later reconsidered. The fate of this bill is conjectural. Yet it is evident that there is less opposition at the present writing than was manifested a week ago.

Senate Bill No. 370 met with better success. On March 25th, the bill as amended was reported from the Committee on License with the recommendation that it pass. The bill was read a second time on March 31st. A few additional amendments were offered, but those were of minor import. It seems reasonably certain that the bill will pass the Senate.

In a circular recently issued by the Legislative Committee of the

Illinois State Medical Society several reasons were suggested why the bill now in the Legislature should be actively supported "by every one engaged in treating the sick." With a few exceptions, these are excellent. The Legislative Committee has neglected, however, to state one very important reason, viz.: that the State Board of Health has repeatedly endorsed and asked for the legislation called for in these bills, and that acting upon the recommendation of the Board, Governors Tanner and Yates have recommended the establishment of a State Board of Medical Examiners in their biennial messages to the Legislature.

During the past three months the Secretary of the State Board of Health has had considerable correspondence with the Chairman of the Legislative Committee of the State Medical Society in connection with the subject of a bill for an Act to establish a State Board of Medical Examiners and regulate the practice of medicine in this State, and has given the committee all the assistance in his power. It was the desire of the Secretary and the members of the Board, that a bill should be prepared providing for a law at least as efficient as that now in force, and that the bill should be devoid of objectionable provisions or any which would be liable to "draw fire." On the suggestion of the Secretary many changes were made in the bills prepared by the committee.

In all correspondence on the subject with the Chairman of the Legislative Committee, the Secretary objected to the sections in the bills proposed which made it mandatory upon the Governor to make appointments from nominations submitted by incorporated medical societies, and held that this provision was unconstitutional. The Secretary's objections were based, not only upon the seeming unconstitutionality of this feature of the bill, but also upon the fact, which was within his knowledge, that many members of the Legislature were decidedly opposed to legislation of this character. This fact alone was sufficient to justify the elimination of the sections in question. During the past month the Secretary learned that the Governor was of the opinion that this requirement was unconstitutional, and so advised the Chairman of the Legislative Committee. The position of the Governor is clearly explained in the following editorial from the Illinois State Journal, Springfield:

BILLS MAY BE VETOED.

Two bills are reasonably sure of being vetoed by the Governor, if they pass in their present shape and the worst of it is that, in many respects, they are excellent bills which the Governor does not desire to veto. * *

Another bill affected is the bill providing for the creation of a Board of Medical Examiners, the chief object of the bill being to relieve the State Board of Health from the onerous duty of examining applicants for certificates as doctors of medicine, and to permit the Board to devote its energies to the prevention and stamping out of diseases and contagion, and to inspecting and supervising sanitary conditions throughout the State and to its other numerous duties. As introduced, however, the bill provides that the members of the Board shall be appointed by the Governor from a list selected by the incorporated medical societies of the State. It is the understanding that the language of the particular section governing this point will be modified so as to provide that the Governor, in his discretion,

may appoint from such a list; but no formal action to this effect has yet been taken.

The Governor, as a matter of principle, is opposed to both of these bills as they now stand. He is satisfied that the constitutional provisions requiring officers to be either elected by the people, or appointed by the Governor by and with the consent and advice of the Senate, are positive, and cannot be annulled or modified. The constitution expressly prohibits the General Assembly from appointing any State officer whatever. Action by the General Assembly, in dictating by statute who shall be appointed, and who shall not, is indirectly an appointment by the General Assembly, and therefore unconstitutional. The most serious objection, however, is not that the Legislature would practically be making the appointment, but that the appointment of State officers in these instances would be made by incorporated societies. In other words, the Governor is opposed to "government by society."

There has been quite a tendency in recent years to pass laws providing that this or that board must be appointed from this or that list of nominations furnished by this or that society. * * * *

It is the conclusion not only of the Governor, but of many others, who have given thought to the matter, that the appointment of boards in this way is not for the best interests of the State. This is because members of boards thus appointed do not sustain the same intimate relation to the State and the executive and legislative departments as other boards, and accordingly have not the same feeling which arises from direct connection with the executive and law-making power—in other words, have no feeling that they are State officers, or representatives of the commonwealth. * *

On the legal point involved, the Governor seems to be very clearly sustained by the case of Charles W. Lasher vs. People of the State of Illinois, and Edward C. Reichwald et al. vs. People of the State of Illinois, decided by the Supreme Court of Illinois in 1899, and reported in 183 Ill. Reports, page 226. In this case the Supreme Court had under consideration a law which provided for the appointment of a board of examiners of commission merchants, to consist of five men to be named by five incorporated societies, among which was the Butter and Cheese Exchange. The Supreme Court held that the appointment of a State officer or a State board was a franchise which could not be granted to corporations, under Section 22 of Article VI of the constitution. This section of the constitution specifically states that the General Assembly shall not pass local or special laws granting to any corporation, association or individual any special or executive privilege, immunity or franchise whatever.

There can only be one side to this question, and that is the position taken by the Governor. "Government by society" is just as objectionable and un-American and unconstitutional as "government by injunction," or, for that matter, "government by legal opinion." Officers should either be elected by the people, or appointed by the Governor, subject to confirmation by the Senate. If incorporated professional societies distrust the motives of the Governor and the General Assembly, then let them propose in their bills for elections by the people. It is a great pity that bills containing many excellent and wise provisions, such as the * * * and medical examiner acts, should be endangered and rendered void by such unwise and illegal provisions.

Section 3 of the 'Commission Merchants' Act of 1899 created a Board of Inspectors to be composed of one member from each of five incorporated organizations named. The members of said Board were to be selected from the membership of said organization by the members thereof.

Sections 2, 3 and 5 of Senate Bill No. 370 and House Bill 626 as introduced require that the Governor *shall* appoint a State Board of Medical Examiners from persons nominated to him by incorporated state medical societies, providing that the number of persons nominated shall be twice the number of appointments to be made.

While in the act contemplated appointments are not to be made by incorporated medical societies, no discretionary power is vested in the Governor by either Senate Bill 370 or House Bill No. 626. From a list containing the names of two or more persons nominated by an incorporated medical society he is compelled to make an appointment.

Concerning appointments by organizations the Court (*Lasher v. People*, 183 Ill. 226) says: "The Board of Inspectors provided for in this Act are general officers of the State, and it seems beyond question that the power to appoint them is a franchise which the Act in question attempts to grant to five corporations. The Legislature was powerless to clothe these corporations with an attribute of sovereignty by granting to them this special privilege."

Happily, proper amendments have been made recently to the bill, so its success will not be jeopardized by this inexpedient provision, which, if repugnant to Section 22 of Article 4 of the Constitution, would have invalidated the entire Act.

It is contended that the action of the State Board of Medical Examiners "can in no way bring discredit upon the Executive of the State, as it deals entirely with professional matters." By no course of logical reasoning can this contention be sustained. Furthermore, a State Board of Medical Examiners can not "deal entirely with professional matters." The duty of the Board, to use the language of the Supreme Court of Illinois in referring to the State Board of Health, will be "to ascertain and certify to the qualifications of practicing physicians and surgeons and to detect quacks and to prevent them and all ignorant pretenders from imposing on the sick and helpless." The Board will be clothed with extraordinary powers, and one of its important functions will be to guard the interest of the lives and health of the people of the State.

REPORTS OF BIRTHS.

During the year 1902, 76,608 births were reported to county clerks of the one hundred and two counties of the State as follows:

Adams, 845; Alexander, 374; Bond, 324; Boone, 325; Brown, 235; Bureau, 830; Calhoun, 197; Carroll, 327; Cass, 173; Champaign, 1,057; Christian, 661; Clark, 489; Clay, 429; Clinton, 526; Coles, 743; Cook, 19,115; Crawford, 512; Cumberland, 394; DeKalb, 577; DeWitt, 458; Douglas, 401; DuPage, 584; Edgar, 598; Edwards, 250; Effingham, 359; Fayette, 692; Ford, 364; Franklin, 485; Fulton, 967; Gallatin, 414; Greene, 426; Grundy, 436; Hamilton, 492; Hancock, 456; Hardin, 197; Henderson, 201; Henry, 791; Iroquois, 849; Jackson, 580; Jasper, 512; Jefferson, 568; Jersey, 199; JoDaviess, 330; Johnson, 465; Kane, 1,297; Kankakee, 692; Kendall, 196; Knox, 745; Lake, 515; LaSalle, 1,738; Lawrence, 516; Lee, 530; Livingston, 645; Logan, 516; Macon, 914; Macoupin, 870; Madison, 1,105; Marion, 707; Marshall, 318; Mason, 370; Massac, 263; McDonough, 490; McHenry, 502; McLean, 1,267; Menard, 259; Mercer, 367; Monroe, 232; Montgomery, 510; Morgan, 456; Moultrie, 384; Ogle, 456; Peoria, 1,388; Perry, 553; Piatt, 312; Pike, 591; Pope, 342; Pulaski, 293; Putnam, 74; Randolph, 733; Richiand, 273; Rock Island, 827; Saline, 415; Sangamon, 1,358; Schuyler, 316; Scott, 183; Shelby, 585; Stark, 225; St. Clair, 1,064; Stephenson, 626; Tazewell, 618; Union, 560; Vermilion, 1,418; Wabash, 358; Warren, 381; Wash-

ington, 392; Wayne, 584; White, 678; Whiteside, 678; Will, 1,481; Williamson, 768; Winnebago, 949; Woodford, 518.

The following statements include the more important features of the enumeration of births reported to county clerks during the year:

Total number of births.....	76,608
Male children	38,671
Female children	37,325
Sex not stated	612
	————— 76,608

There were reported also 572 twin births, 15 triplet and 1,767 still births. The record of illegitimate births is imperfect.

In the city of Chicago births are reported by many physicians to the Department of Health instead of the County Clerk. It is reasonable to presume that but few of these physicians make duplicate reports. The records of the Department of Health show that 27,347 births occurred in Chicago during 1902. These figures include the reports made to the County Clerk. Just how many of the 19,115 births reported directly to the County Clerk should be credited to Chicago, it is impossible to determine at the present time. An attempt will be made to obtain exact figures for publication in the next issue of the BULLETIN.

According to the figures now on hand, 84,836 reports of births were made by the physicians and accoucheurs of Illinois during 1902. In the absence of accurate data from Cook county it can be safely said that 85,000 births were reported in the State during the year.

Owing to the fact that returns of deaths for the year of 1902 have not yet been compiled, no deductions of any value can be made at the present time as to the relation between the birth and death rate.

This subject will be discussed at length in a future issue of the BULLETIN, in which the mortality statistics for 1902 will be published.

Dr. P. H. Wessel, of Moline, was appointed a member of the State Board of Health by Governor Yates on March 25, to succeed Dr. Wm. O. Forbes, of Chicago, whose term had expired. Dr. Forbes, who is now in the South, declined reappointment on account of ill health. Dr. Wessel was a member of the Board from 1897 to 1901.

The members of the Board express the hope that Dr. Forbes will soon be fully restored to health.

PHYSICIANS TO WHOM CERTIFICATES WERE ISSUED BY THE STATE BOARD OF HEALTH DURING
MARCH, 1903.

Name.	Address.	College.	Recommended by
Benson, Adelbert H.....	45 Sheldon St., Chicago.....	Rush	(Jno. R. McCullough) Cassius D. Westcott.
Clark, Chas. P.....	Buffalo, N. Y.....	Univ. Toronto	(Lucius Auld.) T. M. Crowe.
Crosby, Mary J.....	351 S. Halsted, Chicago.....	Woman's, Chicago.....	(E. C. Brackett.) Louise Acres.
Downes, Arthur W. K.....	3415 Prairie Ave., Chicago.....	Hahnemann, Chicago.....	(Wm. O. Forbes.) F. W. Wood.
Forrester, Joseph	Allegheny, Pa.....	Jefferson	(A. J. Rosenberry.) W. R. Tittel.
Gyles, Edward	Alta, Ill.....	Jefferson	(W. R. Holden.) David Paulson.
Hamlin, Frederick J.....	3106 Rhodes Ave., Chicago.....	Hahnemann, Chicago.....	(F. W. Wood.) Chas. V. Martin.
Hansen, Andrew C.....	Fulton, Ill.....	N. W. U. Med. Sch., Chicago.....	(Geo. W. Webster) N. S. Davis, Jr.
Horswell, Ulysses M.....	German Hospital, Chicago.....	N. W. U. Med. Sch., Chicago.....	(Albert Goldspolin.) C. S. Bacon.
King, Frank A.....	152 E 49th, Chicago.....	P. & S., Chicago.....	(W. E. Cones, Jr.) Alexander H. Ferguson.
Leeds, Frank R.....	4656 Woodlawn Ave., Chicago.....	Hahnemann, Chicago.....	(George F. Shears.) Jno. E. Gilman.
Linder, Ann W.....	Oak Park, Ill.....	National, Chicago.....	(Arthur Loewy.) Julia Holmes Smith.
Loomis, Roy R.....	Burnside, Ill.....	Keokuk Med., P. & S.....	(Geo. W. Thompson.) J. T. Jenkins.
McKibbin, Mary C.....	McKeesport, Pa.....	Univ. Michigan	(C. M. Wood.) Jean M. Cooke.

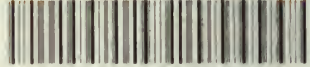
Meyers, Judson M.....	Cook Co. Hospital, Chicago.....	P. & S., Chicago.....	{ J. H. Cleary,
Overmass, Samuel E.....	247 W. Madison St., Chicago.....	P. & S., Chicago.....	{ A. M. Stober,
Probasco, Harriet G.....	681 E. 48th Pl., Chicago.....	Hahnemann, Chicago	{ C. V. Massey,
Reko, Blasius	781 N. Clark, Chicago.....	Univ. Vienna	{ S. W. Cox,
Russell, A. Minnie.....	Armington, Ill.....	Woman's, Baltimore	{ Joseph B. Cobb,
Schiller, Heliodorus	4331 Berkeley Ave., Chicago.....	Univ. Prague	{ Jno. W. Streeter,
Smith, Joseph K.....	Presbyterian Hosp., Chicago....	Rush	{ Louis E. Schmidt,
Stiver, Thomas J.....	Freeport, Ill.....	Univ. Denver	{ Otto L. Schmidt,
Woelfel, Albert	4017 Vincennes Ave., Chicago....	Univ. Leipzig.....	{ J. T. Webster,
			{ B. N. Watt,
			{ Emanuel Friend,
			{ J. B. DeLee,
			{ Jno. C. Webster,
			{ Arthur D. Bevan,
			{ W. D. Stiver,
			{ L. G. Voight,
			{ W. E. Walsh,
			{ A. E. Palmer,

DEATHS OF ILLINOIS PHYSICIANS NOTED BY THE STATE
BOARD OF HEALTH DURING MARCH, 1903.

Baker, Jonathan H., Des Moines, Ia., March 15th, 1903.
Blaisdell, Warren O., Macomb, Ill., March 19th, 1903.
Bunyan, Walter W., Chicago, Ill., March 16th, 1903.
Burlington, James C., Attica, Ind., March 14th, 1903.
Collins, Almer M., Shelbyville, Ill., March 8th, 1903.
Donkle, Alfred D., Chicago, Ill., March 13th, 1903.
Dulin, Charles W., Nevada, Mo., March 23d, 1903.
Dugan, James Henry, LaSalle, Ill., March 2d, 1903.
Fox, Julius C., Keyesport, Ill., March 11th, 1903.
Gibbs, A. E., Chicago, Ill., March 30th, 1903.
Gordon, William A., Chester, Ill., March 18th, 1903.
Grigsby, Frank, Springfield, Ky., Feb. 13th, 1903.
Kittoe, Edward R., Galena, Ill., Feb. 18th, 1903.
Larkin, James J., Chicago, Ill., March 12th, 1903.
Marcotte, Fred L., Leavenworth, Kan., March 17th, 1903.
Martin, Hans M., Aurora, Ill., March 17th, 1903.
McAnley, Herbert H., Joliet, Ill., March 24th, 1903.
McKee, Albert B., Edwardsville, Ill., March 17th, 1903.
McLean, Samuel H., Lincoln, Ill., March 18th, 1903.
Noyes, Henry A., Asheville, N. C., March 24th, 1903.
Parker, R. M., Peoria, Ill., March 9th, 1903.
Rhodes, O. H., Baldwin, Ill., March 4th, 1903.
Rupp, D. F., San Diego, Cal., Feb. 25th, 1903.
Sang, Don, Chicago, Ill., March 9th, 1903.

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